

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CALVERTHEALTH MEDICAL CENTER, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>100 HOSPITAL ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>PRINCE FREDERICK, MD 20678</b> <b>F</b> Name and address of principal officer: <b>DEAN TEAGUE</b> <b>100 HOSPITAL RD, PRINCE FREDERICK, MD 20678</b>	<b>D</b> Employer identification number <b>52-0619000</b> <b>E</b> Telephone number <b>410-535-4000</b> <b>G</b> Gross receipts \$ <b>153,257,465.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CALVERTHEALTHMEDICINE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1918</b>		<b>M</b> State of legal domicile: <b>MD</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>CALVERTHEALTH MEDICAL CENTER PROVIDES QUALITY INPATIENT AND AMBULATORY HEALTH CARE TO THE PEOPLE</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	1242
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	100
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	513,003.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	496,376.	1,253,716.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139,620,104.	149,701,507.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	559,091.	276,591.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,345,815.	2,025,651.
<b>12</b>			143,021,386.	153,257,465.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	69,613,053.	73,304,318.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,783,157.	69,726,701.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	137,396,210.	143,031,019.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	5,625,176.	10,226,446.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	144,716,415.	154,890,880.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	86,894,611.	92,311,244.
	<b>22</b>		57,821,804.	62,579,636.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>CAROLYN HEITHAUS, VP FINANCE &amp; CFO</b> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY BIBBY</b>	Preparer's signature <b>AMY BIBBY</b>
	Firm's name ▶ <b>DIXON HUGHES GOODMAN LLP</b> Firm's address ▶ <b>1410 SPRING HILL ROAD, SUITE 500 TYSONS, VA 22102-3056</b>	Date <b>04/26/22</b>
		Check if self-employed <input type="checkbox"/> PTIN <b>P00445891</b>
		Firm's EIN ▶ <b>56-0747981</b> Phone no. (703) <b>970-0400</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: CALVERTHEALTH MEDICAL CENTER PROVIDES QUALITY INPATIENT AND AMBULATORY HEALTH CARE TO THE PEOPLE OF SOUTHERN MARYLAND THAT IS ACCESSIBLE, COST-EFFECTIVE AND COMPASSIONATE. CHMC WORKS IN PARTNERSHIP WITH THE COMMUNITY TO IMPROVE THE HEALTH STATUS OF ITS MEMBERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 124,007,893. including grants of \$ ) (Revenue \$ 151,277,473. ) CALVERTHEALTH MEDICAL CENTER'S MISSION IS FOR THE CHARITABLE PURPOSE OF PROVIDING SAFE, HIGH QUALITY INPATIENT AND AMBULATORY HEALTH CARE SERVICES TO THE CITIZENS OF SOUTHERN MARYLAND THAT IS ACCESSIBLE, COST EFFECTIVE AND COMPASSIONATE. THE HOSPITAL WORKS IN PARTNERSHIP WITH THE COMMUNITY TO IMPROVE THE HEALTH STATUS OF ITS MEMBERS. THE HOSPITAL PROVIDES MEDICAL SERVICES TO PATIENTS REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. IN FY 2021, THE HOSPITAL SERVED 5,879 INPATIENTS, 30,288 OUTPATIENTS AND PROVIDED 30,906 EMERGENCY ROOM VISITS. IN ADDITION TO THE INPATIENTS SERVED, THE HOSPITAL ALSO TREATED 2,521 MEDICAL OBSERVATION PATIENTS. FOR FY 2021, THE HOSPITAL FILED WITH THE STATE OF MARYLAND A COMMUNITY BENEFIT REPORT THAT DOCUMENTED \$21,137,843 IN COMMUNITY BENEFIT

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 124,007,893.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 17		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **CAROLYN HEITHAUS - 410-535-8241**  
**100 HOSPITAL ROAD, PRINCE FREDERICK, MD 20678**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEAN TEAGUE PRESIDENT & CEO	40.00 8.00	X		X				820,453.	0.	134,581.
(2) ANTHONY BLADEN CHIEF OPERATING OFFICER	40.00			X				522,016.	0.	63,657.
(3) CAROLYN HEITHAUS VP FINANCE & CFO	40.00 8.00			X				428,584.	0.	60,441.
(4) THEODORE TSANGARIS, M.D. VP - MEDICAL AFFAIRS	40.00				X			421,081.	0.	40,973.
(5) WILFRED EHRMANTRAUT PHYSICIAN / EX-OFFICIO	1.00 40.00	X						6,667.	427,716.	24,936.
(6) LISA BROOME VP - HUMAN RESOURCES	40.00				X			319,482.	0.	31,667.
(7) DIANE COUCHMAN VP - CNO/CLINICAL SERVICES	40.00				X			266,910.	0.	32,863.
(8) KENNETH ABBOTT PHYSICIAN / EX-OFFICIO	1.00 40.00	X						0.	275,517.	20,953.
(9) KASIA SWEENEY VP - STRATEGY & MARKETING	40.00				X			241,298.	0.	31,155.
(10) PHILIP CAMPBELL VP - IS/CIO	40.00				X			231,263.	0.	19,500.
(11) BRIAN CHERRY VP - OPERATIONS	40.00				X			204,190.	0.	19,336.
(12) KARA HARRER DIRECTOR	40.00					X		200,780.	0.	10,730.
(13) THERESA JOHNSON VP, BRAND STRATEGY AND PHILANTHROPY	40.00				X			185,351.	0.	21,357.
(14) KATHY MOORE DIRECTOR	40.00					X		182,379.	0.	10,572.
(15) FRANKLIN DALEY, JR. DIRECTOR	40.00					X		177,331.	0.	10,360.
(16) RICHARD PELLEGRINO DIRECTOR	40.00					X		175,533.	0.	9,044.
(17) NICOLE M. HEDDERICH AVP QUALITY & RISK MANAGEMENT	40.00					X		167,013.	0.	8,604.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GAIL HARKINS EX-OFFICIO	4.00 1.00	X						1,425.	0.	0.
(19) STEPHANIE DABULIS PHYSICIAN / EX-OFFICIO	40.00 1.00	X						1,250.	0.	0.
(20) ANTHONY BUTTERS DIRECTOR	2.00 1.00	X						0.	0.	0.
(21) KATHY DICKINSON DIRECTOR	2.00 1.00	X						0.	0.	0.
(22) SAMUEL FOSTER DIRECTOR	4.00 1.00	X						0.	0.	0.
(23) BARBARA GARDNER SECRETARY/TREASURER	44.00 1.00	X		X				0.	0.	0.
(24) SAM NAZZARO DIRECTOR	6.00 2.50	X						0.	0.	0.
(25) KAREN O'BRIEN DIRECTOR / SECRETARY	2.00 1.00	X		X				0.	0.	0.
(26) WILSON PARRAN DIRECTOR	1.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b>								4,553,006.	703,233.	550,729.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,553,006.	703,233.	550,729.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 103

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HITT CONTRACTING, INC., 2900 FAIRVIEW PARK DRIVE, FALLS CURCH, VA 22042	BUILDING CONTRACTOR SERVICES	4,799,749.
MDICS AT CALVERT, LLC, 7250 PARKWAY DRIVE, SUITE 500, HANOVER, MD 21076	HOSPITALIST	2,400,170.
L2 CONSTRUCTION MANAGEMENT CORPORATION, 13800 COPPERMINE RD., #352, HERDON, VA	CONTRACTOR SERVICES	2,180,615.
NORTH AMERICAN PARTNERS IN ANESTHESIA, 68 SOUTH SERVICE ROAD, SUITE 350, MELVILLE, CALVERT INTERNAL MEDICINE GROUP, PA, 985 PRINCE FREDERICK BLVD. SUITE 201, PRINCE	ANESTHESIA SERVICES PHYSICIAN MEDICAL DIRECTOR & CLINICAL	1,974,502. 704,053.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 37

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	993,581.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	134,851.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	125,284.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			1,253,716.			
Program Service Revenue	<b>2 a</b> INPATIENT REVENUE	Business Code	621110	68,042,457.	68,042,457.		
	<b>b</b> OUTPATIENT REVENUE		621110	53,470,486.	53,470,486.		
	<b>c</b> EMERGENCY REVENUE		621110	22,547,648.	22,547,648.		
	<b>d</b> CARES ACT PROVIDER RELIEF FUNDING		621110	3,900,000.	3,900,000.		
	<b>e</b> OTHER OPERATING REVENUE		621110	1,740,916.	1,740,916.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			149,701,507.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			46,914.		46,914.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	332,343.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		332,343.			
	<b>d</b> Net rental income or (loss)			332,343.		12,001.	320,342.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	204,972.	24,705.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		0.	0.		
<b>c</b> Gain or (loss)	<b>7c</b>		204,972.	24,705.			
<b>d</b> Net gain or (loss)			229,677.			229,677.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> CAFETERIA SALES	Business Code	722210	414,006.	414,006.		
	<b>b</b> MISCELLANEOUS REVENUE		621110	393,534.	393,534.		
	<b>c</b> AMBER EHR SERVICE REVENUE		621910	281,766.	281,766.		
	<b>d</b> All other revenue		811000	604,002.	103,000.	501,002.	
	<b>e Total.</b> Add lines 11a-11d			1,693,308.			
<b>12 Total revenue.</b> See instructions			153,257,465.	150,893,813.	513,003.	596,933.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	7,281,260.		7,281,260.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	54,442,529.	53,514,525.	928,004.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	1,928,777.	1,672,250.	256,527.	
9 Other employee benefits .....	5,201,123.	4,509,374.	691,749.	
10 Payroll taxes .....	4,450,629.	3,858,695.	591,934.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	100,727.		100,727.	
c Accounting .....	200,656.		200,656.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	13,375,194.	11,857,592.	1,517,602.	
12 Advertising and promotion .....	174,165.	151,001.	23,164.	
13 Office expenses .....	4,385,110.	3,801,890.	583,220.	
14 Information technology .....	2,207,127.	1,913,579.	293,548.	
15 Royalties .....				
16 Occupancy .....	4,217,144.	3,656,264.	560,880.	
17 Travel .....	55,147.	47,812.	7,335.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	81,033.	70,256.	10,777.	
20 Interest .....	2,197,950.	1,905,623.	292,327.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	12,521,964.	7,772,240.	4,749,724.	
23 Insurance .....	1,470,486.	1,274,911.	195,575.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL SUPPLIES</b>	23,190,248.	23,190,248.		
b <b>REPAIRS AND MAINTENANCE</b>	5,480,426.	4,751,529.	728,897.	
c <b>BAD DEBT EXPENSE</b>	69,324.	60,104.	9,220.	
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	143,031,019.	124,007,893.	19,023,126.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	12,835,722.	<b>1</b>	14,251,206.
	<b>2</b> Savings and temporary cash investments .....	364,284.	<b>2</b>	476,304.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	12,903,943.	<b>4</b>	11,559,661.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	738,740.	<b>7</b>	501,654.
	<b>8</b> Inventories for sale or use .....	2,913,896.	<b>8</b>	3,208,210.
	<b>9</b> Prepaid expenses and deferred charges .....	3,435,815.	<b>9</b>	3,292,387.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 213,835,255.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 119,891,001.	90,932,077.	<b>10c</b> 93,944,254.
	<b>11</b> Investments - publicly traded securities .....	2,307,397.	<b>11</b>	1,536,974.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	229,972.	<b>12</b>	253,246.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	10,355,036.	<b>13</b>	11,393,708.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	7,699,533.	<b>15</b>	14,473,276.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	144,716,415.	<b>16</b>	154,890,880.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	15,670,309.	<b>17</b>	22,174,925.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	91,820.	<b>19</b>	85,000.
	<b>20</b> Tax-exempt bond liabilities .....	57,517,823.	<b>20</b>	18,337,788.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	33,456,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	13,614,659.	<b>25</b>	18,257,531.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	86,894,611.	<b>26</b>	92,311,244.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	54,831,293.	<b>27</b>	59,463,841.
	<b>28</b> Net assets with donor restrictions .....	2,990,511.	<b>28</b>	3,115,795.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	57,821,804.	<b>32</b>	62,579,636.
	<b>33</b> Total liabilities and net assets/fund balances .....	144,716,415.	<b>33</b>	154,890,880.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	153,257,465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	143,031,019.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,226,446.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57,821,804.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5,468,614.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	62,579,636.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**CALVERTHEALTH MEDICAL CENTER, INC.**

Employer identification number

**52-0619000**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>CALVERTHEALTH MEDICAL CENTER, INC.</b>	Employer identification number  <b>52-0619000</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALVERTHEALTH FOUNDATION, INC.  100 HOSPITAL ROAD  PRINCE FREDERICK, MD 20678	\$ 993,581.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	EXELON GENERATION COMPANY LLC  1310 POINT STREET, 18TH FLOOR  BALTIMORE, MD 21231	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CALVERTHEALTH MEDICAL CENTER, INC.</b>	Employer identification number  <b>52-0619000</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>CALVERTHEALTH MEDICAL CENTER, INC.</b>	Employer identification number <b>52-0619000</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization CALVERTHEALTH MEDICAL CENTER, INC. Employer identification number 52-0619000

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, staff hours, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990, Part VIII and Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,239,640.		5,239,640.
b Buildings		94,265,743.	48,517,400.	45,748,343.
c Leasehold improvements		2,560,559.	2,560,559.	0.
d Equipment		105,706,808.	66,663,307.	39,043,501.
e Other		6,062,505.	2,149,735.	3,912,770.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>93,944,254.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN FREESTATE	25,542.	END-OF-YEAR MARKET VALUE
(2) INVESTMENT IN CPHA	3,501,709.	END-OF-YEAR MARKET VALUE
(3) INVESTMENT IN FOUNDATION	6,836,601.	END-OF-YEAR MARKET VALUE
(4) INVESTMENT IN CHOICEONE	1,029,856.	END-OF-YEAR MARKET VALUE
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	11,393,708.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LT BOND FINANCING COSTS	373,823.
(2) OTHER RECEIVABLES	928,822.
(3) GOODWILL	15,000.
(4) MALPRACTICE INS RECOVERY	5,338,691.
(5) DUE FROM RELATED PARTIES	206,002.
(6) RIGHT OF USE ASSET	7,610,938.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	14,473,276.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EXECUTIVE 457B 457F PLANS	1,536,974.
(3) ADVANCES FROM THIRD PARTIES	2,907,113.
(4) ACCRUED PENSION COSTS	691,707.
(5) PROFESSIONAL LIABILITY	6,331,692.
(6) OTHER LIABILITIES	3,512,462.
(7) CAPITAL LEASE LIABILITY	3,277,583.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	18,257,531.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE MEDICAL CENTER IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE IRC AS A PUBLIC CHARITY. THE MEDICAL CENTER IS ENTITLED TO RELY ON THIS DETERMINATION AS LONG AS THERE ARE NO SUBSTANTIAL CHANGES IN ITS CHARACTER, PURPOSES, OR METHODS OF OPERATION. MANAGEMENT HAS CONCLUDED THAT THERE HAVE BEEN NO SUCH CHANGES AND, THEREFORE, THE MEDICAL CENTER'S STATUS AS A PUBLIC CHARITY EXEMPT FROM FEDERAL INCOME TAXATION REMAINS IN EFFECT.

THE STATE IN WHICH THE MEDICAL CENTER OPERATES ALSO PROVIDES GENERAL EXEMPTION FROM STATE INCOME TAXATION FOR ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAXATION. HOWEVER, THE MEDICAL CENTER IS SUBJECT TO

**Part XIII** Supplemental Information (continued)

BOTH FEDERAL AND STATE INCOME TAXATION AT CORPORATE TAX RATES ON ITS UNRELATED BUSINESS INCOME. EXEMPTION FROM OTHER STATE TAXES, SUCH AS REAL AND PERSONAL PROPERTY TAXES, IS SEPARATELY DETERMINED.

THE MEDICAL CENTER HAD NO UNRECOGNIZED TAX BENEFITS OR SUCH AMOUNTS WERE IMMATERIAL DURING THE PERIODS PRESENTED. FOR TAX PERIODS WITH RESPECT TO WHICH NO UNRELATED BUSINESS INCOME WAS RECOGNIZED, NO TAX RETURN WAS REQUIRED.

MANAGEMENT HAS ALSO CONSIDERED THE IMPACT OF UNRELATED BUSINESS ACTIVITIES AND HAS CONCLUDED THAT THE MEDICAL CENTER IS NOT SUBJECT TO UNRELATED BUSINESS TAX OR ANY OTHER TAXES THAT COULD BE IMPOSED BY THE IRC OR STATE TAXING AUTHORITIES. AS SUCH, NO PROVISION IS MADE FOR INCOME TAXES AND NO ASSET OR LIABILITY HAS BEEN RECOGNIZED FOR DEFERRED TAXES.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **CALVERTHEALTH MEDICAL CENTER, INC.** Employer identification number **52-0619000**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			2585959.		2585959.	1.81%
<b>b</b> Medicaid (from Worksheet 3, column a)						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			2585959.		2585959.	1.81%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1787321.	17,421.	1769900.	1.24%
<b>f</b> Health professions education (from Worksheet 5)			91,455.		91,455.	.06%
<b>g</b> Subsidized health services (from Worksheet 6)			17700917.	2151022.	15549895.	10.88%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			28,895.		28,895.	.02%
<b>j Total.</b> Other Benefits			19608588.	2168443.	17440145.	12.20%
<b>k Total.</b> Add lines 7d and 7j			22194547.	2168443.	20026104.	14.01%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group CALVERTHEALTH MEDICAL CENTER, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE DISCLOSURE</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE DISCLOSURE</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group CALVERTHEALTH MEDICAL CENTER, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.CALVERTHEALTHMEDICINE.ORG</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.CALVERTHEALTHMEDICINE.ORG</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group CALVERTHEALTH MEDICAL CENTER, INC.

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group CALVERTHEALTH MEDICAL CENTER, INC.

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
	<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	<b>b</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method			
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....		X
	If "Yes," explain in Section C.		
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....		X
	If "Yes," explain in Section C.		

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CALVERTHEALTH MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 5: CHMC COMMISSIONED CONDUENT HEALTHY

COMMUNITIES INSTITUTE (HCI) TO CONDUCT ITS 2020 COMMUNITY HEALTH NEEDS ASSESSMENT. IN ORDER TO BETTER TARGET COMMUNITY ISSUES WITH REGARDS TO THE MOST PRESSING HEALTH NEEDS, CHMC BROUGHT TOGETHER A DECISION-MAKING TEAM TO RANK THE SIGNIFICANT COMMUNITY NEEDS BASED ON A SET OF CRITERIA. THE GROUP DISCUSSION WAS FACILITATED BY HCI. THE TEAM WAS CHOSEN TO REPRESENT PEOPLE WITH COMMUNITY AND CLINICAL KNOWLEDGE, THOSE THAT MANAGE SERVICES TO THE UNDERSERVED AND THOSE THAT ARE KNOWLEDGEABLE ABOUT THE NEEDS ASSESSMENT PROCESS. THE 10 MEMBERS INCLUDED THE FOLLOWING:

- DEAN TEAGUE, PRESIDENT AND CEO, CALVERTHEALTH
- TONY BLADEN, CHIEF OPERATING OFFICER, CALVERTHEALTH
- LISA BROOME, VP HUMAN RESOURCES, CALVERTHEALTH
- LISA CAUDLE, LONG TERM CARE MANAGER, CALVERT COUNTY OFFICE ON AGING
- DIANE COUCHMAN, VP CLINICAL SERVICES, CALVERTHEALTH
- ERIN FARLEY, COMMUNITY WELLNESS MANAGER, CALVERTHEALTH
- MARY GOLWAY, DIRECTOR OF EDUCATION & TRAINING AND COMMUNITY WELLNESS, CALVERTHEALTH
- KASIA SWEENEY, VP STRATEGY AND MARKETING, CALVERTHEALTH
- CHAMP THOMASKUTTY, DEPUTY HEALTH OFFICER, CALVERT COUNTY HEALTH DEPARTMENT
- REV. ALICE THOMPSON, CHAPLAIN, CALVERTHEALTH

CALVERTHEALTH MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 6B: THE HOSPITAL COLLABORATED WITH A NUMBER OF

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

KEY INFORMANT ORGANIZATIONS WITHIN THE COMMUNITY IN DEVELOPING THE HOSPITAL'S CHNA. TEN INDIVIDUALS AGREED TO PARTICPATE AS KEY INFORMANTS AND REPRESENTED THE FOLLOWING ORGANZIATIONS:

CALVERT COUNTY HEALTH DEPARTMENT

PRINCE FREDERICK, MD

CALVERT COUNTY GOVERNMENT

PRINCE FREDERICK, MD

CALVERT COUNTY DEPARTMENT OF SOCIAL SERVICES

PRINCE FREDERICK, MD

CALVERT COUNTY PUBLIC SCHOOLS

PRINCE FREDERICK, MD

CALVERT COUNTY OFFICE ON AGING

PRINCE FREDERICK, MD

COMMUNITY FAITH-BASED REPRESENTATIVE

SOUTHERN MARYLAND

CALVERT COUNTY SHERIFF'S DEPARTMENT

PRINCE FREDERICK, MD

CALVERT COMMUNITY DENTAL

PRINCE FREDERICK, MD

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CALVERTHEALTH MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 11: THE HOSPITAL'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IDENTIFIED THE FOLLOWING FOUR HEALTH AREAS AS THE TOP PRIORITIES: 1) CANCER; 2) HEART DISEASE AND STROKE; 3) MENTAL HEALTH AND MENTAL DISORDERS; AND 4) EXERCISE, NUTRITION AND WEIGHT (INCLUDING OBESITY).

DURING FY 2021, THE FOLLOWING OUTCOMES WERE ACHIEVED:

IDENTIFIED NEED - CANCER - PRIMARY OBJECTIVES:

- EARLY DETECTION AND TREATMENT FOR CANCERS, INCREASED ACCESS TO SCREENING AND TREATMENT
- PROMOTE HEALTHY LIFESTYLE AND SUPPORT FOR CANCER SURVIVORS
- REDUCE TOBACCO USE IN SCHOOL AGE POPULATION, REDUCING NEGATIVE HEALTH IMPACT, INCLUDING RISKS OF LUNG CANCER RELATED ILLNESS

FY 2021, THE CANCER COMMITTEE IMPROVED THE LUNG CANCER SCREENING PROCESS AND INCREASED THE NUMBER OF PATIENTS SCREENED BY 10%. THEY ALSO HOSTED THE FIRST CANCER SURVIVORSHIP DAY THAT REACHED 95 COMMUNITY MEMBERS TO PROVIDE SUPPORT. A FREE ANNUAL SKIN CANCER SCREENING WAS HELD FOR VULNERABLE POPULATIONS AND 10 PEOPLE PARTICIPATED. REAL TALK TOWN HALL EVENTS WERE HELD VIRTUALLY AT 2 LOCAL HIGH SCHOOLS TO PROVIDE EDUCATION ON SMOKING, VAPING, AND MENTAL HEALTH TO 62 PARTICIPANTS. THE TOBACCO ROAD SHOW PROGRAM PROVIDED EDUCATION TO 6 MIDDLE SCHOOLS AND REACHED 1096 STUDENTS.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**IDENTIFIED NEED - HEART DISEASE AND STROKE****PRIMARY OBJECTIVES:**

- IMPROVE HEART HEALTH BY EXPANDING RESOURCES TO OBTAIN MEDICATIONS TO TREAT HYPERTENSION AND HIGH CHOLESTEROL.
- INCREASE MEDICATION COMPLIANCE BY INCREASING KNOWLEDGE AND UNDERSTANDING OF THE PURPOSE OF THE MEDICATIONS.
- INCREASE SAFE ACTIVITY LEVEL AND PROMOTE CONTINUED HEALTHY LIFESTYLE BEHAVIORS OF PEOPLE WHO HAVE SUFFERED FROM HEART DISEASE AND STROKE
- INCREASED ACCESS TO SCREENING AND TREATMENT FOR HEART DISEASE & STROKE
- TARGET AT-RISK AND MOST VULNERABLE POPULATIONS, AND THOSE DISPROPORTIONATELY AFFECTED BY HEART DISEASE & STROKE

IN FY 2021, THE ASK THE EXPERT PROGRAM PROVIDED 19 VIDEOS WITH 8 OF THEM BEING ON THE TOPIC OF HEART DISEASE AND STROKE FOR THE 3 LOCAL SENIOR CENTERS IN THE COUNTY. REAL TALK TOWN HALL EVENTS WERE HELD AT 2 LOCAL HIGH SCHOOLS TO EDUCATE ON THE HARMS OF TOBACCO, VAPING, AND MENTAL HEALTH AND REACHED 62 PARTICIPANTS. THE MOBILE HEALTH UNIT PROVIDED FREE BLOOD PRESSURE SCREENINGS AND CHOLESTEROL SCREENINGS AT 2 COMMUNITY EVENTS WITH A TOTAL OF 47 BLOOD PRESSURES WERE TAKEN AND 36 CHOLESTEROL SCREENS WERE ADMINISTERED. THE STROKE SUPPORT GROUP OCCURS ONCE A MONTH AND REACHED 55 PARTICIPANTS OVER THE 12 MONTH SPAN TO PROVIDE SUPPORT AND EDUCATION TO STROKE SURVIVORS AND CAREGIVERS. THE TOBACCO ROADSHOW PROVIDED EDUCATION ON TOBACCO AND VAPING TO 6 MIDDLE SCHOOLS AND REACHED 1096 STUDENTS. THE VASCULAR LAB PROVIDED 6 FREE VASCULAR SCREENINGS.

**IDENTIFIED NEED - MENTAL HEALTH AND MENTAL DISORDERS**

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**PRIMARY OBJECTIVES:**

- IMPROVE SERVICES AND RESOURCES TO HELP COMBAT BULLYING AND PREVENT SUICIDE.

- DECREASE USE OF CONTROLLED SUBSTANCES AND OVERDOSES IN CALVERT COUNTY.

- UTILIZE MOBILE CRISIS TEAM TO TREAT COMMUNITY MEMBERS IN THE FIELD AND PREVENT AVOIDABLE EMERGENCY ROOM VISITS.

- INCREASE USE OF MEDICATION ASSISTED THERAPY FOR SUBSTANCE USE DISORDER.

THE REAL TALK TOWN HALL PROVIDED EDUCATION ON TOBACCO, VAPING, AND MENTAL HEALTH TO 2 LOCAL HIGH SCHOOLS AND REACHED 62 PARTICIPANTS. THE BEHAVIORAL HEALTH OUTREACH INITIATIVE WAS ABLE TO ENACT THE OPIOID STEWARDSHIP TO STRENGTHEN EDUCATION AND AWARENESS FOR PRESCRIBING OPIOIDS.

IDENTIFIED NEED - EXERCISE, NUTRITION AND WEIGHT -

**THE PRIMARY OBJECTIVES**

- INCREASE ACCESS TO PROGRAMS THAT PROMOTE A HEALTHY LIFESTYLE THAT INCORPORATES EXERCISE, NUTRITION, HEALTHY WEIGHT, AND OTHER HEALTH BEHAVIORS

- OFFER INDIVIDUALIZED PROGRAMS ON FITNESS AND NUTRITION FOR COMMUNITY MEMBERS OVER 50.

- INCREASE SAFE ACTIVITY LEVEL AND PROMOTE CONTINUED HEALTHY LIFESTYLE BEHAVIORS OF PEOPLE WHO HAVE SUFFERED FROM HEART DISEASE, STROKE, AND OTHER CHRONIC DISEASE CONDITIONS

IN FY 2021, OUR ASK THE EXPERT PROGRAM OFFERED 19 VIDEOS TO PROVIDE FREE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

VIRTUAL EDUCATION ON THE TOPICS OF FITNESS, HEART DISEASE AND STROKE, AND HEALTHY EATING TO THE COUNTY'S 3 LOCAL SENIOR CENTERS. THE MOBILE HEALTH UNIT TOOK OUR EXPERTS OUT INTO THE COMMUNITY TO PROVIDE NUTRITION AND FITNESS EDUCATION AT 2 COMMUNITY EVENTS THROUGH COOKING DEMOS AND INTERACTIVE FITNESS ACTIVITIES. A VIRTUAL DIABETES EXPO WAS HELD TO PROVIDE EDUCATION TARGETING HIGH RISK AND IMPACTED INDIVIDUALS WITH DIABETES THAT REACHED 1100 PARTICIPANTS. THROUGH THE LOCAL FARMERS MARKET, A FITNESS INSTRUCTOR AND DIETICIAN PROVIDED A TABLE WITH INFORMATION ON EXERCISE AND HEALTHY EATING ONCE A WEEK THROUGH APRIL AND NOVEMBER (28 OCCURRENCES). OUR FITNESS PROGRAM, FIT FOR LIFE, WAS ABLE TO PROVIDE 12 SESSIONS FOR 4 WEEKS EACH FOR ALL LEVELS OF FITNESS ABILITY THAT REACHED 67 PARTICIPANTS. OUR OTHER WEIGHT LOSS PROGRAMS WERE ABLE TO REACH 16 PARTICIPANTS THROUGH 2 COHORTS.

IN ORDER TO MAXIMIZE THE POSITIVE IMPACT ON COMMUNITY HEALTH, CHMC CHOSE TO CONCENTRATE ITS EFFORTS ON THE FOUR PRIORITIES LISTED ABOVE. OTHER SIGNIFICANT HEALTH NEEDS SUCH AS WOMENS HEALTH, SUBSTANCE ABUSE, ORAL HEALTH, AND TRANSPORTATION WERE ALSO IDENTIFIED IN THE CHNA. ALTHOUGH CHMC DID NOT EXPLICITLY PRIORITIZE THESE NEEDS, THEY ARE INTERRELATED TO THE SELECTED FOUR PRIORITIES. OTHER SIGNIFICANT HEALTH NEEDS AROSE DUE TO THE COVID 19 PANDEMIC, STARTING IN MARCH OF 2020. THIS IMPACTED OUR ABILITY TO DELIVER SERVICES IN THE COMMUNITY, FORCED THE NEED TO CHANGE MODLAIITIES ON MANY OF THE SERVICES DELIVERED, AND SHIFTED FOCUS TO DELIVERING TESTING AND VACCINATION FOR MUCH OF FY2021. THE FOLLOWING WAS DONE BY THE HOSPITAL'S COMMUNITY WELLNESS DEPARMENT:

- PROVIDED ON-SITE DENTAL SCREENINGS AT COMMUNITY EVENT IN JUNE FOR ORAL

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CANCER. 8 SCREENINGS WERE CONDUCTED.

- ORGANIZED VIRTUAL HEALTH MINISTRY MEETINGS TO PROVIDE OUTREACH EDUCATION AND TRAINING FOR BLOOD PRESSURE SCREENINGS TO IMPROVE ACCESS TO CARE THROUGH FAITH-BASED PROGRAMS.

- COVID IMMUNIZATIONS WERE PROVIDED TO THE OLDER ADULT'S POPULATION AT THE LOCAL SENIOR CENTERS. 1,233 VACCINATIONS WERE PROVIDED AT THE LOCAL SENIOR CENTERS THROUGHOUT THE COUNTY IN NORTH BEACH, PRINCE FREDERICK, AND LUSBY AREAS.

- COVID IMMUNIZATIONS WERE PROVIDED TO THE GENERAL POPULATION. 2,012 COVID VACCINATIONS WERE PROVIDED AT LOCAL FOOD PANTRIES AND COMMUNITY LOCATIONS THROUGH THE COUNTY IN PRINCE FREDERICK AND LUSBY AREAS.

- INFLUENZA IMMUNIZATIONS WERE PROVIDED TO THE CALVERT COUNTY COMMUNITY THROUGH THE LOCAL FARMERS MARKET, FOOD PANTRIES, SENIOR CENTERS, AND COMMUNITY EVENTS. 568 FLU VACCINATIONS WERE PROVIDED.

CALVERTHEALTH MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 13B: THE FACILITY USES THE FPG IN ADDITION TO STATE MANDATED ASSISTANT PROGRAMS, WHICH ARE HSCRC STATE MANDATED PROGRAMS.

CALVERTHEALTH MEDICAL CENTER, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.CALVERTHEALTHMEDICINE.ORG

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 7A:

[HTTPS://WWW.CALVERTHEALTHMEDICINE.ORG/UPLOADS/PUBLIC/DOCUMENTS/COMMUNITY  
NEEDS/CALVERTHEALTH%202020%20CHNA.PDF](https://www.calverthealthmedicine.org/uploads/public/documents/community_needs/calverthealth%202020%20chna.pdf)

PART V, SECTION B, LINE 7D:

THE DIRECT WEBSITE ADDRESS FOR THE HOSPITAL'S CHNA IS  
[HTTPS://WWW.CALVERTHEALTHMEDICINE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.calverthealthmedicine.org/community-health-needs-assessment)

PART V, SECTION B, LINE 22:

PURSUANT TO THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC)  
ALL-PAYOR SYSTEM FOR HOSPITALS IN THE STATE OF MARYLAND, THE GREATEST  
DISCOUNT OFF OF GROSS CHARGES FOR THE PROVISION OF EMERGENCY AND OTHER  
MEDICALLY NECESSARY CARE PERMITTED TO ANY COMMERCIAL INSURER OR  
MEDICARE IS ONLY 6%. AS A RESULT, THE HOSPITAL FACILITY WAS ABLE TO  
DETERMINE THAT THE MAXIMUM AMOUNT CHARGED TO INDIVIDUALS THAT WERE  
ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL FACILITY'S  
FINANCIAL ASSISTANCE POLICY WAS NOT GREATER THAN THE AMOUNT GENERALLY  
BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE.

PART V, SECTION B, LINE 24:

CHMC DOES NOT CHARGE ANY INDIVIDUALS THAT ARE ELIGIBLE FOR FINANCIAL  
ASSISTANCE AN AMOUNT EQUAL TO THE GROSS CHARGE FOR ANY SERVICE. THE  
HOSPITAL USES THE CHARGE MASTER RATES FOR A SERVICE AS A STARTING POINT  
AGAINST WHICH REDUCTIONS ARE APPLIED TO DETERMINE THE AMOUNT ACTUALLY  
BILLED TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY. IN  
ADDITION, IF THE HOSPITAL CHARGED AN INDIVIDUAL THAT HAD NOT YET BEEN

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT THE TIME OF THE CHARGE AT AN AMOUNT EQUAL TO GROSS CHARGES, THEN UPON DETERMINING THE INDIVIDUAL WAS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL WILL PROMPTLY CORRECTED THE BILL.



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

FINANCIAL NEED WILL BE DETERMINED IN ACCORDANCE WITH THE FOLLOWING PROCEDURES:

A) AN APPLICATION PROCESS, IN WHICH THE PATIENT OR THE PATIENT'S GUARANTOR ARE REQUIRED TO COOPERATE AND SUPPLY PERSONAL, FINANCIAL AND OTHER INFORMATION AND DOCUMENTATION RELEVANT TO MAKING A DETERMINATION OF FINANCIAL NEED. THE APPLICATION FORM IS THE MARYLAND STATE UNIFORM FINANCIAL ASSISTANCE APPLICATION.

B) THE USE OF EXTERNAL PUBLICALLY AVAILIABLE DATA SOURCES THAT PROVIDE INFORMATION ON A PATIENT'S OR A PATIENT'S GUARANTOR'S ABILITY TO PAY (SUCH AS CREDIT SCORING).

C) REASONABLE EFFORTS BY THE HOSPITAL TO EXPLORE APPROPRIATE ALTERNATIVE SOURCES OF PAYMENT AND COVERAGE FROM PUBLIC AND PRIVATE PAYMENT PROGRAMS.

D) TAKING INTO ACCOUNT THE PATIENT'S AVAILABLE ASSETS AND ALL OTHER

**Part VI** Supplemental Information (Continuation)

FINANCIAL RESOURCES AVAILABLE TO THE PATIENT.

E) A REVIEW OF THE PATIENT'S OUTSTANDING ACCOUNTS RECEIVABLE FOR PRIOR SERVICES RENDERED AND THE PATIENT'S PAYMENT HISTORY.

F) SELF-PAY ACCOUNTS AND SELF-PAY BALANCES ARE SCRUBBED USING EXTERNAL SOFTWARE TO DETERMINE A PATIENT'S ASSETS, FEDERAL POVERTY LEVEL, AND ENROLLMENT IN ANY OF THE STATE FUNDED ASSISTANCE PROGRAMS DETERMINED BY THE HEALTH SERVICES COST REVIEW COMMISSION.

IT IS PREFERRED BUT NOT REQUIRED THAT A REQUEST FOR FINANCIAL ASSISTANCE AND A DETERMINATION OF FINANCIAL NEED OCCUR PRIOR TO THE RENDERING OF SERVICES. HOWEVER, THE DETERMINATION MAY BE DONE AT ANY POINT IN THE COLLECTION CYCLE. THE NEED FOR PAYMENT ASSISTANCE SHALL BE RE-EVALUATED AT EACH SUBSEQUENT TIME OF SERVICES IF THE LAST FINANCIAL EVALUATION WAS COMPLETED MORE THAN SIX MONTHS PRIOR, OR AT ANY TIME ADDITIONAL INFORMATION RELEVANT TO THE ELIGIBILITY OF THE PATIENT FOR FINANCIAL ASSISTANCE BECOMES KNOWN.

CALVERTHEALTH MEDICAL CENTER (CHMC) PERFORMS REASONABLE COLLECTION EFFORTS AS DEFINED IN THEIR PRIVATE PAY COLLECTIONS POLICY BY SENDING PATIENTS THAT HAVE NOT YET QUALIFIED UNDER THE HOSPITAL'S FINANCIAL POLICY AT LEAST THREE STATEMENTS. PATIENTS MAY ALSO RECEIVE PHONE CALLS REMINDING THEM A BALANCE IS DUE. UNPAID PATIENT ACCOUNTS ARE SENT A PRE-BAD DEBT LETTER AFTER 90 DAYS. PRIOR TO TRANSFERRING ACCOUNTS TO AN EXTERNAL COLLECTION AGENCY OR UNDERTAKING ANY OTHER COLLECTION ACTIONS, THE ACCOUNTS ARE BATCHED AND SCREENED FOR THE PATIENT'S ABILITY TO PAY AGAINST THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY STANDARDS WITHIN SEARCH AMERICA.

**Part VI** Supplemental Information (Continuation)

ANY PATIENTS WHO'S FINANCIAL CONDITIONS QUALIFY FOR FINANCIAL ASSISTANCE PER THE SOFTWARE'S SEARCH ARE IMMEDIATELY APPROVED BY THE HOSPITAL FOR CHARITY CARE AND ALL COLLECTION EFFORTS ARE IMMEDIATELY CEASED.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 69,324.

PART I, LINE 5A AND 5B:

CHMC OFFERS FREE OR DISCOUNTED CARE TO PATIENTS WHO ARE UNABLE TO PAY FOR THEIR SERVICES AND MEET THE ELIGIBILITY CRITERIA REGARDLESS OF THE AMOUNT BUDGETED FOR FINANCIAL ASSISTANCE IN THE HOSPITAL'S ANNUAL OPERATING PLAN.

PART I, LINE 6A, 6B:

MARYLAND'S HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) REQUIRES ALL MARYLAND HOSPITALS TO COMPLETE AND SUBMIT A COMMUNITY BENEFITS REPORT ANNUALLY. THE HSCRC IS RESPONSIBLE FOR COLLECTING THE DATA FROM THE INDIVIDUAL HOSPITALS AND COMPILING A STATEWIDE DOCUMENT THAT CONTAINS SUMMARY INFORMATION AS WELL AS INDIVIDUAL HOSPITAL REPORTS. THE STATEWIDE DOCUMENT IS MADE AVAILABLE TO THE PUBLIC ON THE HSCRC'S WEBSITE.

PART I, LINE 7A&B, COLUMNS C, D, E AND F:

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE

**Part VI** Supplemental Information (Continuation)

SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE SETTING SYSTEM. THE HOSPITAL PORTION OF THE MARYLAND MEDICAID ASSESSMENT FOR CHMC FOR THE 2020 TAX YEAR WAS \$488,407.

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES INCLUDE THE FOLLOWING NON-PHYSICIAN CLINICS: GYN-ONCOLOGY CLINIC, PEDIATRIC ORTHOPEDIC CLINIC AND SPINE CLINIC. COSTS ATTRIBUTABLE TO THE CLINICS TOTALED \$212,352. THESE SERVICES WOULD LIKELY NOT BE UNDERTAKEN IN THE COMMUNITY IF NOT PROVIDED BY CHMC. AS A RESULT CHMC HAS IDENTIFIED A COMMUNITY NEED FOR THE PROVISION OF THESE SERVICES.

PART I, LINE 7:

THE COSTING METHODOLOGY USED TO CALCULATE AMOUNTS REPORTED IN LINE 7 WAS A COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.

PART II:

**Part VI** Supplemental Information (Continuation)

CHMC IS RECOGNIZED AS A LEADER IN THE PROVISION OF HEALTH CARE IN THE LOCAL AREA. IT PARTNERS WITH MANY ORGANIZATIONS AND AGENCIES TO EXPAND THE REACH FOR IMPROVING THE HEALTH OF ITS COMMUNITY.

## COMMUNITY SUPPORT:

- FARMERS MARKET PROMOTES LOCAL FARMERS AND PRODUCERS OF GOODS, PROMOTES HEALTHY EATING AND PROVIDES VENUE FOR NUTRITIOUS FOOD, AND INFORMATION TO REDUCE FOOD INSECURITIES.

- MARYLAND HOSPITAL ASSOCIATION - MONTHLY AND MEETINGS WITH EXECUTIVE COMMITTEE AND SUB COMMITTEE FOR THE ORGANIZATION (MHA).

- EMERGENCY DRILLS & DISASTER READINESS - FULL-SCALE EMERGENCY EXERCISE CONDUCTED WITH ALL 13 MIEMSS REGION 5 HOSPITALS IN AN EFFORT TO PLAN AND PREPARE FOR LARGE SCALE EVENTS (IN PARTICULAR INCLEMENT WEATHER RESULTING IN A MEDICAL SURGE)

## LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS:

- LEADERSHIP SOUTHERN MARYLAND REGIONAL COLLABORATION CLASSES FOR LEADERS. MONTHLY MEETINGS FOR CALVERTHEALTH STAFF THAT PARTICIPATE.

## COALITION BUILDING:

- CHAMBER OF COMMERCE PROMOTES LOCAL ORGANIZATIONS AND BUSINESSES TO COME TOGETHER FOR SHARED RESOURCES, EVENTS, AND INFORMATION. HOSPITAL REPRESENTATIVE MEMBER WITH MONTHLY MEETING AND MONTHLY SUB-TEAMS.

- COMMUNITY HEALTH IMPROVEMENT ROUNDTABLE A COALITION OF COMMUNITY ORGANIZATIONS AND MEMBERS THAT WORK TO IMPROVE HEALTH OUTCOMES, REDUCE

**Part VI** Supplemental Information (Continuation)

HEALTH DISPARITIES, AND BUILD A HEALTHY AND INFORMED COMMUNITY IN CALVERT COUNTY, MD.

- EMS LIAISON - ATTEND EMS COUNCIL CALVERT COUNTY. ATTEND REGION V MEETINGS. SERVE AS LIAISON BETWEEN ED/EMS.

- PARTNERS IN ACCOUNTABLE CARE COLLABORATION AND TRANSITIONS - TO FACILITATE AND PROMOTE COLLABORATION BETWEEN OUR COMMUNITY HEALTH CARE PARTNERS, WITH THE GOAL OF ELIMINATING CARE FRAGMENTATION, WHILE FOSTERING AN ENVIRONMENT OF COLLEGIALITY, NETWORKING AND RESOURCE SHARING FOCUSED ON ENHANCING OUR EFFICIENCY AND EFFECTIVENESS IN OPTIMIZING PATIENT OUTCOMES.

COMMUNITY HEALTH IMPROVEMENT ADVOCACY:

- VARIOUS TUMOR BOARDS INCLUDING BREAST, MULIT-D, AND THORACIC - A MULTI-DISCIPLINARY TEAM WORKING COLLABORATIVELY TOGETHER TO IMPROVE AND NAVIGATE THE CARE OF PATIENTS WITH VARIOUS CANCERS, THE TEAM INCLUDES LOCAL HOSPITALS AND OTHER HEALTH CARE PROVIDERS.

- OPIOID STEWARDSHIP COMMITTEE - CROSS SECTIONAL HEALTH CARE TEAM TO ADDRESS OPIOID EPIDEMIC ON WAYS HOSPITALS CAN REDUCE USE OF OPIOID FOR PAIN MANAGEMENT, EDUCATE PATIENTS AND PHYSICIAN ABOUT DANGERS OF OPIOID USE AS WELL AS DEVELOP POLICIES AND PROTOCOL FOR THE HEALTH SYSTEM. THIS TEAM ALSO WORKS COLLABORATIVELY WITH OTHER COMMUNITY AGENCIES AND PROGRAMS TO PROVIDE A "COMMUNITY WIDE" APPROACH TO HELP SOLVE THE OPIOID EPIDEMIC.

- MODERN HEALTHCARE PRESENTATION - INVITED PANEL PRESENTATION AT

**Part VI** Supplemental Information (Continuation)

NATIONAL HEALTHCARE CONFERENCE TO BRING AWARENESS TO OTHER HEALTH SYSTEMS REGARDING ADDRESSING SOCIALLY DETERMINANTS OF HEALTH AND ADVANCING HEALTH EQUITY.

- PATIENT ENGAGEMENT & RIGHTS COMMITTEE - STAFF AND COMMUNITY MEMBERS EVALUATE AND UPDATE HOSPITAL FORMS, PROCESS, POLICIES AND COMMUNICATION TOOLS TO ENSURE ALL PATIENTS RECEIVE ADEQUATE SERVICES WITHIN THEIR OWN LANGUAGE AND SPECIAL NEEDS.

## WORKFORCE DEVELOPMENT:

- ADVISORY COUNCIL FOR NURSING PROGRAMS AT LOCAL COMMUNITY COLLEGE - ADVISORY COUNCIL FOR UNDERGRADUATE NURSING CURRICULA

THESE ARE JUST A FEW OF CHMC'S COMMUNITY BUILDING ACTIVITIES. IMPROVING THE HEALTH OF THE COMMUNITY IS A PRIORITY AREA FOR THE HOSPITAL AND THEREFORE DRIVES MANY OF OUR STRATEGIC PLANS.

## PART III, LINE 4:

CALVERT PATIENTS WHO ARE COVERED BY THIRD PARTY PAYORS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. THE HOSPITAL ALSO PROVIDES SERVICES TO UNINSURED PATIENTS, AND OFFERS THOSE UNINSURED OR UNDERINSURED PATIENTS FINANCIAL ASSISTANCE, BY EITHER POLICY OR LAW, FROM STANDARD CHARGES. THE HOSPITAL ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND COINSURANCE AND FROM THOSE WHO ARE UNINSURED BASED ON HISTORICAL EXPERIENCE AND CURRENT MARKET CONDITIONS. THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGES BY ANY EXPLICIT PRICE CONCESSION, FINANCIAL ASSISTANCE, AND

**Part VI** Supplemental Information (Continuation)

IMPLICIT PRICE CONCESSIONS. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENT TO NET PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE (PG. 14 - 16 OF THE AUDITED FINANCIAL STATEMENTS).

CALVERT ATTEMPTS TO COLLECT ON SERVICES PROVIDED AT THE TIME THE SERVICE IS PROVIDED. FOR SCHEDULED PROCEDURES, CALVERT ATTEMPTS TO COLLECT THE PERTINENT PATIENT INFORMATION AND GIVES THE PATIENT NOTICE OF WHAT THE AMOUNT DUE WILL BE BEFORE THEY ARE SCHEDULED. A BILL IS SENT TO EACH PATIENT, WHETHER SCHEDULED OR UNSCHEDULED, APPROXIMATELY 3 DAYS AFTER THE SERVICES WERE PROVIDED. IF THE AMOUNT REMAINS UNPAID, THE PATIENT WILL RECEIVE ADDITIONAL BILLS AT APPROXIMATELY 30, 60, 90 DAYS AND A FINAL NOTICE AFTER THE SERVICE WAS PROVIDED. FINAL SCREENINGS FOR CHARITY AND PATIENT CALLS ARE MADE BEFORE THE ACCOUNT IS SENT TO A COLLECTION AGENCY. THE ACCOUNT IS TYPICALLY AGED AT GREATER THAN 120 DAYS BEFORE REACHING AN AGENCY.

PART III, LINE 8:

THE COSTING SOURCE IS THE MEDICARE COST REPORT AND THE METHODOLOGY IS MEDICARE ALLOWABLE COST TO MEDICARE REVENUES RECEIVED.

PART III, LINE 9B:

AS STATED IN CALVERT HEALTH SYTEM'S (CHS) FINANCIAL ASSISTANCE POLICY,

PART IV, SECTION H:

CHS'S MANAGEMENT SHALL DEVELOP POLICIES AND PROCEDURES FOR INTERNAL AND

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

EXTERNAL COLLECTION PRACTICES THAT TAKE INTO ACCOUNT THE EXTENT TO WHICH THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, A PATIENT'S GOOD FAITH EFFORT TO APPLY FOR A GOVERNMENTAL PROGRAM OR FOR FINANCIAL ASSISTANCE FROM CHS, AND A PATIENT'S GOOD FAITH EFFORT TO COMPLY WITH HIS OR HER PAYMENT AGREEMENTS WITH CHS. DURING THE FINANCIAL ASSISTANCE APPLICATION PROCESS, THE HOSPITAL WILL NOT SEND UNPAID BILLS TO OUTSIDE COLLECTION AGENCIES IF THE PATIENT COOPERATES WITH THE APPLICATION PROCESS.

PART VI, LINE 2:

THROUGHOUT FY 2021, THE HOSPITAL CONTINUED TO UTILIZE THE HEALTH COMMUNITY INSTITUTE'S COMMUNITY PLATFORM (HEALTHYCALVERT.ORG) TO PROVIDE HEALTH INDICATORS AS AN ONGOING ASSESSMENT OF THE NEEDS OF OUR COMMUNITY. HEALTH INDICATORS ARE UPDATED AS SOON AS NEW DATA BECOMES AVAILABLE AND ALLOWS THE HOSPITAL AND COMMUNITY MEMBERS TO UTILIZE THE MOST UP-TO-DATE DATA TO ASSESS THE IMPACT OF PROGRAMS AND SERVICES AS WELL AS MODIFY EXISTING PROGRAMS AND SERVICES OR BEGIN INITIATION OF NEW SERVICES BASED UPON TRENDING OF NEW DATA.

THE PLATFORM ALSO INCORPORATES THE STATE AND NATIONAL HEALTH IMPROVEMENT GOALS. THIS ALLOWS THE HOSPITAL AND COMMUNITY PARTNERS TO MONITOR IMPACT OF COMMUNITY PROGRAMS BY EVALUATION IF DATA IS TRENDING UP OR DOWN AND TO ENSURE THE HOSPITAL IS TRENDING IN THE CORRECT DIRECTION. AN ADDITIONAL HEALTH INDICATOR, THE FOOD INSECURITY INDEX WAS ADDED IN 2021.

THE ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) REPORT CONDUCTED BY THE UNITED WAY WAS ADDED TO THE CHNA INTERACTIVE WEBSITE AS ANOTHER DATA SOURCE. ALICE HOUSEHOLDS REPRESENT MEN AND WOMEN OF ALL AGES AND RACES WHO ARE WORKING BUT UNABLE TO AFFORD THE BASIC NECESSITIES OF

**Part VI** Supplemental Information (Continuation)

HOUSING, FOOD, CHILD CARE, HEALTH CARE AND TRANSPORTATION DUE TO THE LACK OF JOBS THAT CAN SUPPORT BASIC NECESSITIES AND INCREASES IN THE BASIC COST OF LIVING.

THE HOSPITAL AND THE LOCAL HEALTH DEPARTMENT CO-HOST QUARTERLY LOCAL HEALTH IMPROVEMENT COALITION MEETINGS TO HEAR INPUT FROM OTHER AGENCIES, HEALTH CARE ORGANIZATIONS, THE SCHOOL SYSTEM, COUNTY GOVERNMENT, LOCAL LAW ENFORCEMENT AND OTHER COMMUNITY PARTNERS. DURING FY 2021, THE STRUCTURE, COLLABORATION, AND IMPACT OF THIS COALITION WAS STRENGTHENED BY ESTABLISHING BYLAWS, A GOVERNANCE COMMITTEE, AND FORMALIZING THE WORK OF ITS SUBCOMMITTEES.

## PART VI, LINE 3:

NOTIFICATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM CHMC INCLUDES A CONTACT NUMBER AND IS DISSEMINATED BY CHMC BY VARIOUS MEANS, WHICH INCLUDES, BUT IS NOT LIMITED TO, THE PUBLICATION OF NOTICES IN PATIENT BILLS AND BY POSTING NOTICES IN THE EMERGENCY DEPARTMENT, URGENT CARE CENTERS, WAITING ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND PATIENT FINANCIAL SERVICES OFFICES. INFORMATION IS ALSO INCLUDED ON THE HOSPITAL'S WEBSITE AND AT LEAST ANNUALLY, THE HOSPITAL PUBLISHES IN THE LOCAL NEWSPAPERS A NOTICE OF FINANCIAL ASSISTANCE AND ALSO HIGHLIGHTS OTHER PROGRAMS THE HOSPITAL OFFERS FOR PATIENTS WITHOUT INSURANCE OR FOR PATIENTS IN FINANCIAL NEED. NOTIFICATION OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY PROGRAM IS PROVIDED TO EACH PATIENT AT THE TIME OF REGISTRATION AND A SECOND TIME WHEN PATIENTS RECEIVE THEIR BILL/STATEMENT. SUCH INFORMATION IS PROVIDED IN THE PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY CHMC. REFERRAL OF PATIENTS FOR FINANCIAL ASSISTANCE MAY BE MADE BY ANY MEMBER OF THE CHMC STAFF OR MEDICAL STAFF, INCLUDING

**Part VI** Supplemental Information (Continuation)

PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, AND CHAPLAINS. A REQUEST FOR FINANCIAL ASSISTANCE MAY BE MADE BY THE PATIENT OR A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS.

PART VI, LINE 4:

ACCORDING TO THE NIELSEN CLARITAS 2020 POPULATION ESTIMATES, CALVERT COUNTY HAS A POPULATION OF APPROXIMATELY 92,633 PERSONS.

THE RACIAL MAKEUP OF CALVERT COUNTY IS SOMEWHAT HOMOGENOUS, WITH 80.3% OF THE POPULATION IDENTIFYING AS WHITE. THE PROPORTION OF BLACK/AFRICAN AMERICAN COMMUNITY MEMBERS IS THE SECOND LARGEST OF ALL RACES IN CALVERT COUNTY AT 12.8% AND IS THE ONLY OTHER RACE THAT MAKES UP MORE THAN 10% OF THE POPULATION. 4.6% OF THE POPULATION OF CALVERT COUNTY IDENTIFIES AS HISPANIC OR LATINO.

THE OVERALL MEDIAN HOUSEHOLD INCOME FOR THE COUNTY IS \$112,150. TWO RACES, WHITE AND ASIAN, HAVE MEDIAN HOUSEHOLD INCOMES THAT FALL ABOVE THE OVERALL MEDIAN VALUE. ALL OTHER RACES ARE BELOW THE OVERALL VALUE WITH AMERICAN INDIAN/ALASKAN NATIVE HAVING THE LOWEST VALUE AT \$14,999. IN THIS CASE, IT IS IMPORTANT TO CONSIDER THAT THE AMERICAN INDIAN/ALASKAN NATIVE AND NATIVE HAWAIIAN/PACIFIC ISLANDER SUBGROUPS MAKE UP ONLY 0.44% AND 0.13%, RESPECTIVELY, OF THE COMMUNITY'S POPULATION.

THE HIGHEST PERCENTAGE OF FAMILIES LIVING BELOW THE POVERTY LEVEL ARE IN THE FOLLOWING ZIP CODES; 20714 (NORTH BEACH), 20678 (PRINCE FREDERICK), 20732 (CHESAPEAKE BEACH), 20689 (SUNDERLAND), AND 20657 (LUSBY).

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 5:

CALVERT HEALTH MEDICAL CENTER IS AN INDEPENDENT COMMUNITY HOSPITAL LOCATED IN SOUTHERN MARYLAND. THE 90,000 COMMUNITY MEMBERS SERVED HAVE ACCESS TO OTHER HOSPITALS WITHIN A 30-MILE RADIUS. CALVERT HEALTH MEDICAL CENTER HAS A 62% MARKET SHARE OF INPATIENT ADMISSIONS. THE MAJORITY OF THE 20 MEMBER BOARD ARE LOCATED WITHIN THE COUNTY. THE 300 MEMBER MEDICAL STAFF IS COMPRISED OF EMPLOYED AND PRIVATE PRACTICING PROVIDERS FROM THE COUNTY AND SURROUNDING COUNTIES. THE HOSPITAL RENOVATED THE INPATIENT MEDICAL SURGICAL AREA TO PROVIDE ALL PRIVATE ROOMS AND MODERNIZE THE PATIENT CARE AREA.

PART VI, LINE 6:

O CHMC IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, CALVERT HEALTH SYSTEM, INC. (CHS) THAT COOPERATES IN PROVIDING HEALTH CARE SERVICES TO ITS COMMUNITY. THE HOSPITAL, AS A SOLE COMMUNITY PROVIDER, PROVIDES ESSENTIAL HEALTH CARE SERVICES SUCH AS OBSTETRICS, PSYCHIATRY (INPATIENT AND OUTPATIENT) AND EMERGENCY SERVICES THAT OTHERWISE WOULD NOT BE PROVIDED WITHIN CALVERT COUNTY DUE TO THEIR UNPROFITABLE NATURE (HIGH COST SERVICES WITH LOW REIMBURSEMENT), OR WOULD NEED TO BE PROVIDED BY ANOTHER TAX-EXEMPT ORGANIZATION OR THE GOVERNMENT. THE HOSPITAL PROVIDES CHARITY CARE TO PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. IN ADDITION TO THE HOSPITAL, CHS IS ALSO THE SOLE MEMBER AND EMPLOYER OF A PHYSICIAN GROUP, CALVERTHEALTH MEDICAL GROUP, LLC, WHICH PROVIDES PRIMARY AND SPECIALTY CARE SERVICES TO CALVERTHEALTH MEDICAL CENTER AND THE COMMUNITY. THE PROVISION OF THESE PHYSICIAN SERVICES TO THE COMMUNITY MEETS AN IDENTIFIED NEED.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

**Part VI** Supplemental Information (Continuation)

MD

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**CALVERTHEALTH MEDICAL CENTER, INC.**

Employer identification number

**52-0619000**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEAN TEAGUE PRESIDENT & CEO	(i) 530,943. (ii) 0.	(ii) 236,203. (iii) 0.	(iii) 53,307. (iii) 0.	(C) 133,045. (C) 0.	(D) 1,536. (D) 0.	(E) 955,034. (E) 0.	(F) 0. (F) 0.
(2) ANTHONY BLADEN CHIEF OPERATING OFFICER	(i) 327,429. (ii) 0.	(ii) 115,879. (iii) 0.	(iii) 78,708. (iii) 0.	(C) 62,121. (C) 0.	(D) 1,536. (D) 0.	(E) 585,673. (E) 49,198.	(F) 49,198. (F) 0.
(3) CAROLYN HEITHAUS VP FINANCE & CFO	(i) 317,942. (ii) 0.	(ii) 105,318. (iii) 0.	(iii) 5,324. (iii) 0.	(C) 59,279. (C) 0.	(D) 1,162. (D) 0.	(E) 489,025. (E) 0.	(F) 0. (F) 0.
(4) THEODORE TSANGARIS, M.D. VP - MEDICAL AFFAIRS	(i) 431,819. (ii) 0.	(ii) 0. (iii) 0.	(iii) -10,738. (iii) 0.	(C) 28,387. (C) 0.	(D) 12,586. (D) 0.	(E) 462,054. (E) 0.	(F) 0. (F) 0.
(5) WILFRED EHRMANFRAUT PHYSICIAN / EX-OFFICIO	(i) 6,667. (ii) 397,716.	(ii) 0. (iii) 30,000.	(iii) 0. (iii) 0.	(C) 0. (C) 12,140.	(D) 0. (D) 12,796.	(E) 6,667. (E) 452,652.	(F) 0. (F) 0.
(6) LISA BROOME VP - HUMAN RESOURCES	(i) 224,949. (ii) 0.	(ii) 44,782. (iii) 0.	(iii) 49,751. (iii) 0.	(C) 30,505. (C) 0.	(D) 1,162. (D) 0.	(E) 351,149. (E) 0.	(F) 46,742. (F) 0.
(7) DIANE COUCHMAN VP - CNO/CLINICAL SERVICES	(i) 216,413. (ii) 0.	(ii) 41,299. (iii) 0.	(iii) 9,198. (iii) 0.	(C) 24,133. (C) 0.	(D) 8,730. (D) 0.	(E) 299,773. (E) 0.	(F) 0. (F) 0.
(8) KENNETH ABBOTT PHYSICIAN / EX-OFFICIO	(i) 0. (ii) 200,013.	(ii) 0. (iii) 68,878.	(iii) 0. (iii) 6,626.	(C) 0. (C) 9,575.	(D) 0. (D) 11,378.	(E) 0. (E) 296,470.	(F) 0. (F) 0.
(9) KASIA SWEENEY VP - STRATEGY & MARKETING	(i) 178,298. (ii) 0.	(ii) 35,176. (iii) 0.	(iii) 27,824. (iii) 0.	(C) 18,322. (C) 0.	(D) 12,833. (D) 0.	(E) 272,453. (E) 0.	(F) 32,492. (F) 0.
(10) PHILIP CAMPBELL VP - IS/CIO	(i) 192,587. (ii) 0.	(ii) 36,806. (iii) 0.	(iii) 1,870. (iii) 0.	(C) 17,957. (C) 0.	(D) 1,543. (D) 0.	(E) 250,763. (E) 0.	(F) 0. (F) 0.
(11) BRIAN CHERRY VP - OPERATIONS	(i) 172,307. (ii) 0.	(ii) 34,000. (iii) 0.	(iii) -2,117. (iii) 0.	(C) 15,433. (C) 0.	(D) 3,903. (D) 0.	(E) 223,526. (E) 0.	(F) 0. (F) 0.
(12) KARA HARRER DIRECTOR	(i) 173,586. (ii) 0.	(ii) 17,858. (iii) 0.	(iii) 9,336. (iii) 0.	(C) 9,053. (C) 0.	(D) 1,677. (D) 0.	(E) 211,510. (E) 0.	(F) 0. (F) 0.
(13) THERESA JOHNSON VP, BRAND STRATEGY AND PHILANTHROPY	(i) 158,380. (ii) 0.	(ii) 25,953. (iii) 0.	(iii) 1,018. (iii) 0.	(C) 12,708. (C) 0.	(D) 8,649. (D) 0.	(E) 206,708. (E) 0.	(F) 0. (F) 0.
(14) KATHY MOORE DIRECTOR	(i) 155,974. (ii) 0.	(ii) 16,580. (iii) 0.	(iii) 9,825. (iii) 0.	(C) 9,099. (C) 0.	(D) 1,473. (D) 0.	(E) 192,951. (E) 0.	(F) 0. (F) 0.
(15) FRANKLIN DALEY, JR. DIRECTOR	(i) 149,192. (ii) 0.	(ii) 15,094. (iii) 0.	(iii) 13,045. (iii) 0.	(C) 8,900. (C) 0.	(D) 1,460. (D) 0.	(E) 187,691. (E) 0.	(F) 0. (F) 0.
(16) RICHARD PELLEGRINO DIRECTOR	(i) 153,243. (ii) 0.	(ii) 14,744. (iii) 0.	(iii) 7,546. (iii) 0.	(C) 7,400. (C) 0.	(D) 1,644. (D) 0.	(E) 184,577. (E) 0.	(F) 0. (F) 0.



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8; and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A:**

**THE PRESIDENT/CEO RECEIVED BENEFITS THAT ARE INCLUDED IN PART I, LINE 1.**

**PART I, LINE 4B:**

**THE FOLLOWING EMPLOYEES CONTRIBUTED TO (EMPLOYEE AND EMPLOYER PORTION) THE ORGANIZATION'S 457(F) DEFERRED COMPENSATION PLAN:**

**DEAN TEAGUE: \$120,220**

**ANTHONY BLADEN: \$26,946**

**LISA BROOME: \$14,821**

**PHILIP CAMPBELL: \$9,176**

**CAROLYN HEITHAUS: \$46,454**

**KASIA SWEENEY: \$270**

**THEODORE TSANGARIS, M.D.: \$17,273**

**BRIAN CHERRY: \$8,252**

**THERESA JOHNSON: \$4,334**

**SCHEDULE K  
(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990. ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
 Open to Public Inspection

Name of the organization

CALVERTHEALTH MEDICAL CENTER, INC.

Employer identification number  
 52-0619000

Part I	Bond Issues	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS												
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing		
								Yes	No	Yes	No	Yes	No	
	MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL		52-0936091	NONE	04/15/21	16539000.	REFUND THE SERIES 2015 REVENUE BOND						X	
B														
C														
D														

Part II	Proceeds	A				B				C				D			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
1	Amount of bonds retired																
2	Amount of bonds legally defeased					72,000.											
3	Total proceeds of issue					16,539,000.											
4	Gross proceeds in reserve funds																
5	Capitalized interest from proceeds																
6	Proceeds in refunding escrows																
7	Issuance costs from proceeds					125,431.											
8	Credit enhancement from proceeds																
9	Working capital expenditures from proceeds																
10	Capital expenditures from proceeds																
11	Other spent proceeds					16,413,569.											
12	Other unspent proceeds																
13	Year of substantial completion																

	14	15	16	17	Yes		No		Yes		No	
					Yes	No	Yes	No	Yes	No		
	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?				X							
	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?					X						
	Has the final allocation of proceeds been made?				X							
	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2020

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00	%			%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00	%			%		%
<b>6</b> Total of lines 4 and 5 .....		.00	%			%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....			%			%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....	X							
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						

		Part IV Arbitrage (continued)							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b>	Name of provider								
<b>c</b>	Term of hedge								
<b>d</b>	Was the hedge superintegrated?								
<b>e</b>	Was the hedge terminated?								
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b>	Name of provider								
<b>c</b>	Term of GIC								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148?	X							

		Part V Procedures To Undertake Corrective Action							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**SCHEDULE K, PART I, BOND ISSUES:**

**(A) ISSUER NAME:**  
 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

**(F) DESCRIPTION OF PURPOSE: REFUND THE SERIES 2015 REVENUE BONDS**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

CALVERTHEALTH MEDICAL CENTER, INC.

Employer identification number

52-0619000

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF SOUTHERN MARYLAND THAT IS ACCESSIBLE, COST-EFFECTIVE AND  
COMPASSIONATE. CHMC WORKS IN PARTNERSHIP WITH THE COMMUNITY TO IMPROVE  
THE HEALTH STATUS OF ITS MEMBERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDED BY CALVERTHEALTH MEDICAL CENTER. THE COMMUNITY BENEFIT REPORT  
IS AVAILABLE UPON REQUEST. ALL FINANCIAL SURPLUSES THE HOSPITAL  
GENERATES ARE USED EXCLUSIVELY TO FURTHER THE CHARITABLE PURPOSES OF  
THE ORGANIZATION. THE HOSPITAL IS GOVERNED BY A COMMUNITY BOARD  
COMPRISED OF CIVIC LEADERS THROUGHOUT CALVERT COUNTY WHO ARE COMMITTED  
TO AND REPRESENT THE HEALTHCARE NEEDS OF THE COMMUNITY. THE HOSPITAL  
IN FY 2021 PROVIDED OVER \$3,510,458 IN CHARITY CARE WITH A COST TO THE  
HOSPITAL OF \$2,585,959 TO RESIDENTS WHO WERE UNABLE TO PAY FOR THOSE  
SERVICES AND MET ELIGIBILITY CRITERIA. THE HOSPITAL, AS A SOLE  
COMMUNITY PROVIDER, PROVIDES ESSENTIAL HEALTHCARE SERVICES SUCH AS  
OBSTETRICS, PSYCHIATRY (BOTH INPATIENT AND OUTPATIENT), EMERGENCY  
SERVICES, URGENT CARE AND LONG-TERM CARE THAT OTHERWISE WOULD NOT BE  
PROVIDED WITHIN CALVERT COUNTY OR WOULD HAVE TO BE PROVIDED BY THE  
GOVERNMENT. MANY OF THESE SERVICES BY THEIR NATURE ARE UNPROFITABLE  
SERVICES DUE TO THEIR HIGH COST AND LOW REIMBURSEMENT. THESE SERVICES  
WOULD NOT BE PROVIDED IF THE HOSPITAL DID NOT STEP IN TO PROVIDE THEM.

FORM 990, PART VI, SECTION A, LINE 6:

CALVERT HEALTH SYSTEM, INC. (CHS) IS THE SOLE MEMBER OF CALVERTHEALTH  
MEDICAL CENTER (CHMC).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization CALVERTHEALTH MEDICAL CENTER, INC.	Employer identification number 52-0619000
--	--

FORM 990, PART VI, SECTION A, LINE 7A:

BOARD MEMBERS OF CALVERTHEALTH MEDICAL CENTER (CHMC) ARE ALSO BOARD MEMBERS OF CALVERT HEALTH SYSTEM, INC. (CHS). THERE IS COMMON SUPERVISION OR CONTROL BY THE PERSONS SUPERVISING OR CONTROLLING BOTH CHS AND CHMC. AND MANAGEMENT POSITIONS AT CHS ARE HELD BY THE SAME INDIVIDUALS THAT HOLD SUCH MANAGEMENT POSITIONS AT CHMC.

FORM 990, PART VI, SECTION A, LINE 7B:

BECAUSE CALVERT HEALTH SYSTEM, INC. (CHS) AND CALVERTHEALTH MEDICAL CENTER (CHMC) HAVE THE SAME BOARD MEMBERS AND MANagements, ANY GOVERNANCE DECISIONS OF CHMC ARE UNDER THE SUPERVISION OF AND SUBJECT TO APPROVAL BY CHS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE CALVERT HEALTH SYSTEM, INC. BOARD OF DIRECTORS AFTER COMPLETION AND PRIOR TO SUBMISSION TO THE IRS. THE DOCUMENT IS DELIVERED TO THE COMMITTEE MEMBERS PRIOR TO THE COMMITTEE MEETING SO THAT THEY CAN REVIEW THE INFORMATION AND RESPOND TO OR QUESTION ANY OR ALL OF THE DATA. THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER ARE PRESENT AT THE AUDIT COMMITTEE MEETING. PRIOR TO SUBMISSION TO THE IRS, A COPY OF THE FINAL FORM 990 IS POSTED ON THE BOARD OF DIRECTORS PORTAL WHICH IS PASSWORD-PROTECTED. ALL BOARD MEMBERS ARE NOTIFIED BY EMAIL THAT THE FORM 990 HAS BEEN POSTED ON THE PORTAL AND IS AVAILABLE FOR REVIEW. ANY ADDITIONAL COMMENTS OR QUESTIONS FROM BOARD MEMBERS ARE RESPONDED TO PRIOR TO FILING THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

Name of the organization CALVERTHEALTH MEDICAL CENTER, INC.	Employer identification number 52-0619000
--	--

CALVERT HEALTH SYSTEM, INC. AND SUBSIDIARIES (THE HEALTH SYSTEM) HAVE A CONFLICT OF INTEREST PROCESS. AT ITS CORE ARE THREE DISTINCT POLICIES; ONE EACH FOR THE BOARD OF DIRECTORS, MEDICAL STAFF, AND ALL EMPLOYEES AND ASSOCIATES OF THE HEALTH SYSTEM. THESE POLICIES REQUIRE ALL ORGANIZATIONAL LEADERSHIP, AS WELL AS RANK AND FILE ASSOCIATES IN KEY POSITIONS OR WITH RELATIONSHIPS WITH OUTSIDE PARTIES THAT DO BUSINESS WITH THE HEALTH SYSTEM, TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. ANNUAL DISCLOSURES ARE REQUIRED AND DOCUMENTED WITH A FURTHER REQUIREMENT TO PROMPTLY SUPPLEMENT WHEN AN ACTUAL OR POTENTIAL CONFLICT IS DISCOVERED OR CREATED. THE HEALTH SYSTEM REQUIRES THAT THESE POLICIES BE CONSTRUED BROADLY TO AVOID THE APPEARANCE OF IMPROPER ACTIVITY AND REQUIRES DISCLOSURE AND RESOLUTION OF POTENTIAL CONFLICTS AS WELL. THE PROCESS IS OVERSEEN BY THE CHIEF COMPLIANCE OFFICER OF THE HEALTH SYSTEM WHO HAS ACCESS TO EXTERNAL RESOURCES, INCLUDING OUTSIDE COUNSEL. REMEDIES RANGE FROM DISCLOSURE AND MONITORING FOR THE MOST ATTENUATED POTENTIAL CONFLICTS TO RESIGNATION/TERMINATION FOR UNRESOLVABLE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION UTILIZES A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A WRITTEN EMPLOYMENT CONTRACT, A COMPENSATION SURVEY OR STUDY, APPROVAL BY BOARD/COMPENSATION COMMITTEE AND CONTEMPORANEOUS WRITTEN SUBSTANTIATION OF THE DECISION-MAKING PROCESS TO DETERMINE COMPENSATION OF THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization CALVERTHEALTH MEDICAL CENTER, INC.	Employer identification number 52-0619000
--	--

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EQUITY CONTRIBUTION	-2,120,528.
LOSS ON EXTINGUISHMENT OF DEBT	-4,074,777.
CHF - TRANSFER OF NET ASSETS	726,691.
TOTAL TO FORM 990, PART XI, LINE 9	-5,468,614.

PART XII LINE 2B

THE ORGANIZATIONS FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM AS PART OF THE CONSOLIDATED AUDIT OF THE HEALTH SYSTEM.

PART XII

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.





**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALVERTHEALTH FOUNDATION, INC.	C	993,581.CASH	
(2)			
(3)			
(4)			
(5)			
(6)			







**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>CALVERTHEALTH MEDICAL CENTER, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>100 HOSPITAL ROAD</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>PRINCE FREDERICK, MD 20678</b></p>	<p><b>D</b> Employer identification number <b>52-0619000</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>154,890,880.</b></p>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **4**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ **CALVERT HEALTH SYSTEM 52-2347324**

**L** The books are in care of ▶ **CAROLYN HEITHAUS** Telephone number ▶ **410-535-8241**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	89,364.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	89,364.
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	89,364.
6 Deduction for net operating loss. See instructions ..... <b>STATEMENT 1</b>	6	89,364.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		0.
<b>3</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		0.
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		0.
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>		
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **VP FINANCE & CFO**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **AMY BIBBY** Preparer's signature: **AMY BIBBY** Date: **04/26/22** Check  if self-employed PTIN: **P00445891**

Firm's name: **DIXON HUGHES GOODMAN LLP** Firm's EIN: **56-0747981**

Firm's address: **1410 SPRING HILL ROAD, SUITE 500 TYSONS, VA 22102-3056** Phone no. **(703) 970-0400**

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 2,443,190.  
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 89,364.

SCHEDULE A PORTION OF PRE-2018 NOL  
 SCHEDULE A ENTITY SCHEDULE A SHARE

1	0.
2	0.
3	0.
4	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.  
 NET OPERATING DEDUCTION 89,364.  
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.  
 EXPIRING NET OPERATING LOSSES 0.  
 CARRY FORWARD OF NET OPERATING LOSS 2,353,826.

FORM 990-T

PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER

STATEMENT 2

CORPORATION'S NAME

IDENTIFYING NO

CALVERT HEALTH SYSTEM, INC.

52-2347324

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>CALVERTHEALTH MEDICAL CENTER, INC.</b>	<b>B</b> Employer identification number <b>52-0619000</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>1</b>	<b>D</b> Sequence: <b>1</b> of <b>4</b>

**E** Describe the unrelated trade or business ▶ **TREATMENT FACILITY MEALS**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>211,804.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>	<b>211,804.</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	<b>211,804.</b>		<b>211,804.</b>
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	<b>211,804.</b>		<b>211,804.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....		<b>1</b>	
<b>2</b> Salaries and wages .....		<b>2</b>	<b>14,618.</b>
<b>3</b> Repairs and maintenance .....		<b>3</b>	
<b>4</b> Bad debts .....		<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions) .....		<b>5</b>	
<b>6</b> Taxes and licenses .....		<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions) .....	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>	<b>8b</b>	
<b>9</b> Depletion .....		<b>9</b>	
<b>10</b> Contributions to deferred compensation plans .....		<b>10</b>	
<b>11</b> Employee benefit programs .....		<b>11</b>	<b>2,777.</b>
<b>12</b> Excess exempt expenses (Part VIII) .....		<b>12</b>	
<b>13</b> Excess readership costs (Part IX) .....		<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 3</b> .....		<b>14</b>	<b>167,251.</b>
<b>15 Total deductions.</b> Add lines 1 through 14 .....		<b>15</b>	<b>184,646.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....		<b>16</b>	<b>27,158.</b>
<b>17</b> Deduction for net operating loss (see instructions) .....		<b>17</b>	<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....		<b>18</b>	<b>27,158.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income, deductions, average acquisition debt, average adjusted basis, and total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

DELIVERY

2,044.

FOOD COSTS

165,207.

TOTAL TO SCHEDULE A, PART II, LINE 14

167,251.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 2

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>CALVERTHEALTH MEDICAL CENTER, INC.</b>	<b>B</b> Employer identification number <b>52-0619000</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>2</b>	<b>D</b> Sequence: <b>2</b> of <b>4</b>

**E** Describe the unrelated trade or business ▶ **ANSWERING & SUPPORT SERVICES**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>28,566.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>	<b>28,566.</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	<b>28,566.</b>		<b>28,566.</b>
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	<b>28,566.</b>		<b>28,566.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....	<b>1</b>			
<b>2</b> Salaries and wages .....	<b>2</b>			<b>63,400.</b>
<b>3</b> Repairs and maintenance .....	<b>3</b>			
<b>4</b> Bad debts .....	<b>4</b>			
<b>5</b> Interest (attach statement) (see instructions) .....	<b>5</b>			
<b>6</b> Taxes and licenses .....	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562) (see instructions) .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			
<b>9</b> Depletion .....	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>			
<b>11</b> Employee benefit programs .....	<b>11</b>			<b>12,046.</b>
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>			
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>			
<b>14</b> Other deductions (attach statement) .....	<b>14</b>	<b>SEE STATEMENT 4</b>		<b>3,474.</b>
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>			<b>78,920.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>			<b>-50,354.</b>
<b>17</b> Deduction for net operating loss (see instructions) .....	<b>17</b>			<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>			<b>-50,354.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued breakdown by property type. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from or allocable to debt-financed property, deductions, and average acquisition debt. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>				0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

Table with 4 columns (A, B, C, D) and 4 rows (Readership costs, Circulation income, Excess readership costs, Excess readership costs allowed as a deduction)

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns (1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business) and 4 rows (1-4)

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

TELEPHONE  
SUPPLIES

3,065.  
409.

TOTAL TO SCHEDULE A, PART II, LINE 14

3,474.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 3

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>CALVERTHEALTH MEDICAL CENTER, INC.</b>	<b>B</b> Employer identification number <b>52-0619000</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>3</b>	<b>D</b> Sequence: <b>3</b> of <b>4</b>

**E** Describe the unrelated trade or business ▶ **BUILDING SERVICES**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>260,632.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>	<b>260,632.</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	<b>260,632.</b>		<b>260,632.</b>
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	<b>260,632.</b>		<b>260,632.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....	<b>1</b>			
<b>2</b> Salaries and wages .....	<b>2</b>			<b>66,412.</b>
<b>3</b> Repairs and maintenance .....	<b>3</b>			<b>119,280.</b>
<b>4</b> Bad debts .....	<b>4</b>			
<b>5</b> Interest (attach statement) (see instructions) .....	<b>5</b>			
<b>6</b> Taxes and licenses .....	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562) (see instructions) .....	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			
<b>9</b> Depletion .....	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>			
<b>11</b> Employee benefit programs .....	<b>11</b>			<b>12,618.</b>
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>			
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>			
<b>14</b> Other deductions (attach statement) .....	<b>14</b>	<b>SEE STATEMENT 5</b>		<b>12,117.</b>
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>			<b>210,427.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>			<b>50,205.</b>
<b>17</b> Deduction for net operating loss (see instructions) .....	<b>17</b>			<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>			<b>50,205.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Grid for rent received/accrued from personal and real property. Row 5: Total rents received or accrued. Row 6: Total deductions. Row 7: Total gross income. Row 8: Total allocable deductions. Row 9: Total dividends-received deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-4: Grid for gross income from or allocable to debt-financed property and deductions. Row 5: Amount of average acquisition debt. Row 6: Average adjusted basis. Row 7: Divide line 4 by line 5. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b>			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				

		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



CALVERTHEALTH MEDICAL CENTER, INC.

52-0619000

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION

AMOUNT

PURCHASED SERVICES

12,117.

TOTAL TO SCHEDULE A, PART II, LINE 14

12,117.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 4

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>CALVERTHEALTH MEDICAL CENTER, INC.</b>	<b>B</b> Employer identification number <b>52-0619000</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>4</b>	<b>D</b> Sequence: <b>4</b> of <b>4</b>

**E** Describe the unrelated trade or business ▶ **RENTAL INCOME**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>			
<b>6</b> Rent income (Part IV)	<b>6</b>	12,001.		12,001.
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>			
<b>11</b> Advertising income (Part IX)	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	12,001.		12,001.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)				<b>1</b>
<b>2</b> Salaries and wages				<b>2</b>
<b>3</b> Repairs and maintenance				<b>3</b>
<b>4</b> Bad debts				<b>4</b>
<b>5</b> Interest (attach statement) (see instructions)				<b>5</b>
<b>6</b> Taxes and licenses				<b>6</b>
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>			<b>8b</b>
<b>9</b> Depletion				<b>9</b>
<b>10</b> Contributions to deferred compensation plans				<b>10</b>
<b>11</b> Employee benefit programs				<b>11</b>
<b>12</b> Excess exempt expenses (Part VIII)				<b>12</b>
<b>13</b> Excess readership costs (Part IX)				<b>13</b>
<b>14</b> Other deductions (attach statement)				<b>14</b>
<b>15 Total deductions.</b> Add lines 1 through 14				<b>15</b> 0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				<b>16</b> 12,001.
<b>17</b> Deduction for net operating loss (see instructions)				<b>17</b> 0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16				<b>18</b> 12,001.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  100 HOSPITAL ROAD, PRINCE FREDERICK, MD 2067

B

C

D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	0.			
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	12,001.			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	12,001.			
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	▶ 12,001.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	0.			
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	▶ 0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A

B

C

D

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	▶ 0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	▶ 0.			
11 <b>Total dividends-received deductions</b> included in line 10	▶ 0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



**Information Return of U.S. Persons With Respect to Certain Foreign Corporations**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1, 2020**, and ending **DEC 31, 2020**

Attachment  
Sequence No. **121**

Name of person filing this return  <b>CALVERTHEALTH MEDICAL CENTER, INC.</b> <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> <b>100 HOSPITAL ROAD</b> City or town, state, and ZIP code <b>PRINCE FREDERICK, MD 20678</b>	<b>A Identifying number</b>  52-0619000  <b>B Category of filer</b> (See instructions. Check applicable box(es).): 1a <input checked="" type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/>  <b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> _____ %  Filer's tax year beginning <b>JUL 1, 2020</b> , and ending <b>JUN 30, 2021</b>
--	--

**D** Check box if this is a final Form 5471 for the foreign corporation

**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions)

**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) ▶

**H** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

<b>1a</b> Name and address of foreign corporation  <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b> P.O. BOX 10233 GRAND CAYMAN KY1-1002 CAYMAN ISLANDS	<b>b(1)</b> Employer identification number, if any 98-0464065  <b>b(2)</b> Reference ID number (see instructions)  <b>c</b> Country under whose laws incorporated CAYMAN ISLANDS
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<b>d</b> Date of incorporation	<b>e</b> Principal place of business	<b>f</b> Principal business activity code number	<b>g</b> Principal business activity	<b>h</b> Functional currency code
12/14/04	CAYMAN ISLANDS	524290	OTHER INSURANCE FUND	USD

**2** Provide the following information for the foreign corporation's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States N/A	<b>b</b> If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>(i)</b> Taxable income or (loss)</td> <td style="width:50%;"><b>(ii)</b> U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<b>(i)</b> Taxable income or (loss)	<b>(ii)</b> U.S. income tax paid (after all credits)		
<b>(i)</b> Taxable income or (loss)	<b>(ii)</b> U.S. income tax paid (after all credits)				

<b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation  <b>ARTEX RISK SOLUTIONS (CAYMAN) LIMIT</b> P.O. BOX 10233 GRAND CAYMAN KY1-1002 CAYMAN ISLANDS	<b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different  SAME AS 2C
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Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period



**Schedule C** Income Statement

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
<b>Income</b>	<b>1a</b> Gross receipts or sales .....	<b>1a</b>	
	<b>b</b> Returns and allowances .....	<b>1b</b>	
	<b>c</b> Subtract line 1b from line 1a .....	<b>1c</b>	
	<b>2</b> Cost of goods sold .....	<b>2</b>	
	<b>3</b> Gross profit (subtract line 2 from line 1c) .....	<b>3</b>	
	<b>4</b> Dividends .....	<b>4</b>	
	<b>5</b> Interest .....	<b>5</b>	
	<b>6a</b> Gross rents .....	<b>6a</b>	
	<b>b</b> Gross royalties and license fees .....	<b>6b</b>	
	<b>7</b> Net gain or (loss) on sale of capital assets .....	<b>7</b>	
<b>8a</b> Foreign currency transaction gain or loss - unrealized .....		<b>8a</b>	
	<b>b</b> Foreign currency transaction gain or loss - realized .....	<b>8b</b>	
	<b>9</b> Other income (attach statement) .....	<b>9</b>	
	<b>10</b> Total income (add lines 3 through 9) .....	<b>10</b>	
<b>Deductions</b>	<b>11</b> Compensation not deducted elsewhere .....	<b>11</b>	
	<b>12a</b> Rents .....	<b>12a</b>	
	<b>b</b> Royalties and license fees .....	<b>12b</b>	
	<b>13</b> Interest .....	<b>13</b>	
	<b>14</b> Depreciation not deducted elsewhere .....	<b>14</b>	
	<b>15</b> Depletion .....	<b>15</b>	
	<b>16</b> Taxes (exclude income tax expense (benefit)) .....	<b>16</b>	
	<b>17</b> Other deductions (attach statement - exclude income tax expense (benefit)) .....	<b>17</b>	
<b>18</b> Total deductions (add lines 11 through 17) .....	<b>18</b>		
<b>Net Income</b>	<b>19</b> Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) .....	<b>19</b>	
	<b>20</b> Unusual or infrequently occurring items .....	<b>20</b>	
	<b>21a</b> Income tax expense (benefit) - current .....	<b>21a</b>	
	<b>b</b> Income tax expense (benefit) - deferred .....	<b>21b</b>	
<b>22</b> Current year net income or (loss) per books (combine lines 19 through 21b) .....	<b>22</b>		
<b>Other Comprehensive Income</b>	<b>23a</b> Foreign currency translation adjustments .....	<b>23a</b>	
	<b>b</b> Other .....	<b>23b</b>	
	<b>c</b> Income tax expense (benefit) related to other comprehensive income .....	<b>23c</b>	
	<b>24</b> Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c) .....	<b>24</b>	

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	
2a Trade notes and accounts receivable	2a	
b Less allowance for bad debts	2b ( ) ( )	
3 Derivatives	3	
4 Inventories	4	
5 Other current assets (attach statement)	5	
6 Loans to shareholders and other related persons	6	
7 Investment in subsidiaries (attach statement)	7	
8 Other investments (attach statement)	8	
9a Buildings and other depreciable assets	9a	
b Less accumulated depreciation	9b ( ) ( )	
10a Depletable assets	10a	
b Less accumulated depletion	10b ( ) ( )	
11 Land (net of any amortization)	11	
12 Intangible assets:		
a Goodwill	12a	
b Organization costs	12b	
c Patents, trademarks, and other intangible assets	12c	
d Less accumulated amortization for lines 12a, 12b, and 12c	12d ( ) ( )	
13 Other assets (attach statement)	13	
14 Total assets	14	
<b>Liabilities and Shareholders' Equity</b>		
15 Accounts payable	15	
16 Other current liabilities (attach statement)	16	
17 Derivatives	17	
18 Loans from shareholders and other related persons	18	
19 Other liabilities (attach statement)	19	
20 Capital stock:		
a Preferred stock	20a	
b Common stock	20b	
21 Paid-in or capital surplus (attach reconciliation)	21	
22 Retained earnings	22	
23 Less cost of treasury stock	23 ( ) ( )	
24 Total liabilities and shareholders' equity	24	

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Enter the total amount of the base erosion payments	▶ \$	_____
c Enter the total amount of the base erosion tax benefit	▶ \$	_____
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Enter the total amount of the disallowed deductions (see instructions)	▶ \$	_____

Schedule G Other Information (continued)

6a Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction... 6b Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions... 6c Enter the amount of gross income derived from a license of property... 6d Enter the amount of gross income derived from services provided... 7 During the tax year, was the foreign corporation a participant in any cost-sharing arrangement? 8 During the course of the tax year, did the foreign corporation become a participant in any cost-sharing arrangement? 9 If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost-sharing arrangement that was in effect before January 5, 2009? 10 If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under Regulations section 1.482-7(c) to that cost-sharing arrangement during the taxable year? 11 If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars 12 If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s): 13 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization... 14a Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? 14b Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year 15 During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? 16 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? 17 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? 18 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? 19 Did you answer "Yes" to any of the questions in the instructions for line 19? 20 Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? 21 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? 22a Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)? 22b If the answer to question 22a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?

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CODE	DESCRIPTION	AMOUNT
EP	QUESTION #21: EXCESS SUBPART F INCOME OVER E&P	462,624.

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**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder ► **CALVERTHEALTH MEDICAL CENTER** Identifying number ► **52-0619000**

<b>1a</b>	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	<b>1a</b>	
<b>b</b>	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	<b>1b</b>	
<b>c</b>	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	<b>1c</b>	
<b>d</b>	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	<b>1d</b>	
<b>e</b>	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	<b>1e</b>	
<b>f</b>	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	<b>1f</b>	
<b>g</b>	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	<b>1g</b>	
<b>h</b>	Other subpart F income (enter result from Worksheet A)	<b>1h</b>	<b>135,473.</b>
<b>2</b>	Earnings invested in U.S. property (enter the result from Worksheet B)	<b>2</b>	
<b>3</b>	Reserved for future use	<b>3</b>	
<b>4</b>	Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	<b>4</b>	
<b>5a</b>	Section 245A eligible dividends (see instructions)	<b>5a</b>	
<b>b</b>	Extraordinary disposition amounts (see instructions)	<b>5b</b>	
<b>c</b>	Extraordinary reduction amounts (see instructions)	<b>5c</b>	
<b>d</b>	Section 245A(e) dividends (see instructions)	<b>5d</b>	
<b>e</b>	Dividends not reported on line 5a, 5b, 5c, or 5d	<b>5e</b>	
<b>6</b>	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	<b>6</b>	

	Yes	No
<b>7a</b> Was any income of the foreign corporation blocked?		<input checked="" type="checkbox"/>
<b>b</b> Did any such income become unblocked during the tax year (see section 964(b))?		<input checked="" type="checkbox"/>
If the answer to either question is "Yes," attach an explanation.		
<b>8a</b> Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		<input checked="" type="checkbox"/>
<b>b</b> If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>c</b> Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>9</b> Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

**SCHEDULE E  
(Form 5471)**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471  
**CALVERTHEALTH MEDICAL CENTER, INC.**

Name of foreign corporation  
**FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.**

Identifying number  
**52-0619000**

EIN (if any)  
**98-0464065**

Reference ID number (see instructions)  
**GEN**

a Separate Category (Enter code - see instructions.)

b If code 901] is entered on line a, enter the country code for the sanctioned country (see instructions)

**Part I Taxes for Which a Foreign Tax Credit Is Allowed**

**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)		
1							
2							
3							
4							
	(f) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(g) If taxes are paid on U.S. source income, check box	(h) Local Currency in Which Tax Is Payable (enter code - see instructions)	(i) Tax Paid or Accrued in local currency in which the tax is payable	(j) Conversion Rate to U.S. Dollars	(k) In U.S. Dollars (divide column (i) by column (j))	(l) In Functional Currency of Foreign Corporation
1		<input type="checkbox"/>					
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5	Total (combine lines 1 through 4 of column (k)). Also report amount on Schedule E-1, line 4						
6	Total (combine lines 1 through 4 of column (l))						

**Section 2 - Taxes Deemed Paid (Section 960(b))**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)	(f) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)
1						
2						
3						
4						
	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)			
1						
2						
3						
4						
5	Total (combine lines 1 through 4 of column (f)). Also report amount on Schedule E-1, line 6					

**Part II Election**

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Yes  No  If "Yes," state date of election **▲**

**Part III Taxes for Which a Foreign Tax Credit Is Disallowed** (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Taxes Related to Section 959(c)(3) E&P	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2) .....								
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) .....								

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**

**IMPORTANT:** Enter amounts in U.S. dollars unless otherwise noted (see instructions).

	Taxes related to:				(d) Hovering Deficit and Suspended Taxes
	(a) Current E&P	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance) (in functional currency)	(g) Taxes Related to Section 959(c)(3) E&P	
1a	Balance at beginning of year (as reported in prior year Schedule E-1) .....				
b	Beginning balance adjustments (attach statement) .....				
c	Adjusted beginning balance (combine lines 1a and 1b) .....				
2	Adjustment for foreign tax redetermination .....				
3a	Taxes suspended under anti-splitter rules .....				
b	Taxes suspended under anti-splitter rules .....				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (k) .....				
5a	Taxes carried over in nonrecognition transactions .....				
b	Taxes reclassified as related to hovering deficit after nonrecognition transaction .....				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (l) .....				
7	Other adjustments (attach statement) .....				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7) .....				
9	Taxes deemed paid with respect to inclusions under section 951(a)(1) (see instructions) .....				
10	Taxes deemed paid with respect to inclusions under section 951A (see instructions) .....				
11	Taxes deemed paid with respect to actual distributions .....				
12	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....				
13	Other (attach statement) .....				
14	Taxes related to hovering deficit offset of undistributed post-transaction E&P .....				
15	Balance of taxes paid or accrued (combine lines 8 through 14 in column (a)) .....				
16	Reduction for tested income taxes not deemed paid .....				
17	Reduction for other taxes not deemed paid .....				
18	Balance of taxes paid or accrued at the beginning of the next year. Line 18, column (a), must always equal zero. So, if necessary, enter negative amounts on lines 16 and 17 of column (a) in amounts sufficient to reduce line 15, column (a), to zero. For the remaining columns, combine lines 8 through 14 .....				

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation** (continued)

**(e) Taxes related to previously taxed E&P** (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5a										
b										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										

**SCHEDULE H  
(Form 5471)**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

**Current Earnings and Profits**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>CALVERTHEALTH MEDICAL CENTER, INC.</b>		Identifying number <b>52-0619000</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE CO</b>	EIN (if any) <b>98-0464065</b>	Reference ID number (see instr.)

**IMPORTANT:** Enter the amounts on lines 1 through 5c in **functional** currency.

<b>1</b>	Current year net income or (loss) per foreign books of account		<b>1</b>	<b>0.</b>
<b>2</b>	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):			
		Net Additions	Net Subtractions	
<b>a</b>	Capital gains or losses	<b>2a</b>	<b>2,628,769.</b>	
<b>b</b>	Depreciation and amortization	<b>2b</b>		
<b>c</b>	Depletion	<b>2c</b>		
<b>d</b>	Investment or incentive allowance	<b>2d</b>		
<b>e</b>	Charges to statutory reserves	<b>2e</b>		
<b>f</b>	Inventory adjustments	<b>2f</b>		
<b>g</b>	Income taxes (see Schedule E, Part I, Section 1, line 6, column (l), and Part III, line 3, column (i))	<b>2g</b>		
<b>h</b>	Foreign currency gains or losses	<b>2h</b>		
<b>i</b>	Other (attach statement) <b>SEE STATEMENT 7</b>	<b>2i</b>	<b>7,832,119.</b>	<b>4,316,167.</b>
<b>3</b>	Total net additions	<b>3</b>	<b>7,832,119.</b>	
<b>4</b>	Total net subtractions	<b>4</b>	<b>6,944,936.</b>	
<b>5a</b>	Current earnings and profits (line 1 plus line 3 minus line 4)	<b>5a</b>		<b>887,183.</b>
<b>b</b>	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	<b>5b</b>		
<b>c</b>	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(C) the portion of the line 5c amount with respect to the categories of income shown on those lines	<b>5c</b>		<b>887,183.</b>
	(i) General category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(i)</b>	<b>887,183.</b>	
	(ii) Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(ii)</b>		
	(iii) Section 901(j) category:			
	(A) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(A)</b>		
	(B) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(B)</b>		
	(C) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(C)</b>		
<b>d</b>	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))	<b>5d</b>		<b>887,183.</b>
<b>e</b>	Enter exchange rate used for line 5d ▶		<b>1.000000</b>	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2020)

FORM 5471

OTHER NET ADJUSTMENTS

STATEMENT 7

<u>DESCRIPTION</u>	<u>NET ADDITIONS</u>	<u>NET SUBTRACTIONS</u>
RELATED PARTY PREMIUMS		4,316,167.
RELATED PARTY LOSS RESERVES	7,832,119.	
TOTAL TO 5471, SCHEDULE H, LINE 2I	<u>7,832,119.</u>	<u>4,316,167.</u>

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder ► **CALVERT MEMORIAL HOSPITA** Identifying number ► **52-0619000**

<b>1a</b>	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	<b>1a</b>	
<b>b</b>	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	<b>1b</b>	
<b>c</b>	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	<b>1c</b>	
<b>d</b>	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	<b>1d</b>	
<b>e</b>	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	<b>1e</b>	
<b>f</b>	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	<b>1f</b>	
<b>g</b>	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	<b>1g</b>	
<b>h</b>	Other subpart F income (enter result from Worksheet A)	<b>1h</b>	
<b>2</b>	Earnings invested in U.S. property (enter the result from Worksheet B)	<b>2</b>	
<b>3</b>	Reserved for future use	<b>3</b>	
<b>4</b>	Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	<b>4</b>	
<b>5a</b>	Section 245A eligible dividends (see instructions)	<b>5a</b>	
<b>b</b>	Extraordinary disposition amounts (see instructions)	<b>5b</b>	
<b>c</b>	Extraordinary reduction amounts (see instructions)	<b>5c</b>	
<b>d</b>	Section 245A(e) dividends (see instructions)	<b>5d</b>	
<b>e</b>	Dividends not reported on line 5a, 5b, 5c, or 5d	<b>5e</b>	
<b>6</b>	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	<b>6</b>	

		Yes	No
<b>7a</b>	Was any income of the foreign corporation blocked?		
<b>b</b>	Did any such income become unblocked during the tax year (see section 964(b))?		
If the answer to either question is "Yes," attach an explanation.			
<b>8a</b>	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		<b>X</b>
<b>b</b>	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>c</b>	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>9</b>	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

**SCHEDULE I-1  
(Form 5471)**

(Rev. December 2019)

Department of the Treasury  
Internal Revenue Service

**Information for Global Intangible Low-Taxed Income**

▶ **Attach to Form 5471.**

OMB No. 1545-0704

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

Name of person filing Form 5471  
**CALVERTHEALTH MEDICAL CENTER, INC.** Identifying number  
**52-0619000**

Name of foreign corporation  
**FREESTATE HEALTHCARE INSURANCE COMP** EIN (if any)  
**98-0464065** Reference ID number (see instr.)

Separate Category (Enter code - see instructions) ▶ **GEN**

		Functional Currency	Conversion Rate	U.S. Dollars
<b>1</b>	Gross income	<b>1</b> 8416203.		
<b>2</b>	Exclusions			
<b>a</b>	Effectively connected income	<b>2a</b>		
<b>b</b>	Subpart F income	<b>2b</b> 8416203.		
<b>c</b>	High-tax exception income per section 954(b)(4)	<b>2c</b>		
<b>d</b>	Related party dividends	<b>2d</b>		
<b>e</b>	Foreign oil and gas extraction income	<b>2e</b>		
<b>3</b>	Total exclusions (total of lines 2a-2e)	<b>3</b> 8416203.		
<b>4</b>	Gross income less total exclusions (line 1 minus line 3)	<b>4</b> 0.		
<b>5</b>	Deductions properly allocable to amount on line 4	<b>5</b>		
<b>6</b>	Tested income (loss) (line 4 minus line 5)	<b>6</b> 0.	1.000000	
<b>7</b>	Tested foreign income taxes	<b>7</b>	1.000000	
<b>8</b>	Qualified business asset investment (QBAI)	<b>8</b>	1.000000	
<b>9a</b>	Interest expense included on line 5	<b>9a</b>		
<b>b</b>	Qualified interest expense	<b>9b</b>		
<b>c</b>	Tested loss QBAI amount	<b>9c</b>		
<b>d</b>	Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	<b>9d</b>	1.000000	
<b>10a</b>	Interest income included in line 4	<b>10a</b>		
<b>b</b>	Qualified interest income	<b>10b</b>		
<b>c</b>	Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	<b>10c</b>	1.000000	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2019)

**SCHEDULE J  
(Form 5471)**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

**CALVERTHEALTH MEDICAL CENTER, INC.**

Name of foreign corporation

**FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.**

Reference ID number

**98-0464065**

**52-0619000**

Identifying number

**a** Separate Category (Enter code - see instructions.) **GEN**  
**b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) **GEN**

**Part I Accumulated E&P of Controlled Foreign Corporation**

Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).

**Important:** Enter amounts in functional currency.

	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions) (i) Reclassified section 965(a) PTEP (ii) Reclassified section 965(b) PTEP
<b>1a</b> Balance at beginning of year (as reported on prior year Schedule J) .....	-309,649.	-12877111.			
<b>b</b> Beginning balance adjustments (attach statement) .....					
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....	-309,649.	-12877111.			
<b>2a</b> Reduction for taxes unsuspended under anti-splitter rules					
<b>b</b> Disallowed deduction for taxes suspended under anti-splitter rules .....					
<b>3</b> Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H) .....	887,183.				
<b>4</b> E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....					
<b>5a</b> E&P carried over in nonrecognition transaction .....					
<b>b</b> Reclassify deficit in E&P as hovering deficit after nonrecognition transaction .....					
<b>6</b> Other adjustments (attach statement) .....					
<b>7</b> Total current and accumulated E&P (combine lines 1c through 6) .....	577,534.	-12877111.			
<b>8</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....	-887,183.				
<b>9</b> Actual distributions .....					
<b>10</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....					
<b>11</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)					
<b>12</b> Other adjustments (attach statement) .....					
<b>13</b> Hovering deficit offset of undistributed post-transaction E&P (see instructions) .....					
<b>14</b> Balance at beginning of next year (combine lines 7 through 13)	-309,649.	-12877111.			

**Part I Accumulated E&P of Controlled Foreign Corporation** (continued)

		(e) Previously Taxed E&P (see instructions)					(vii) Section 965(b) PTEP
		(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP		
1a							
b							
c							
2a							
b							
3							
4							
5a							
b							
6							
7							
8							
9							
10							
11							
12							
13							
14							
		(e) Previously Taxed E&P (see instructions)				(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))	
		(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP			
1a					-13,186,760.		
b							
c					-13,186,760.		
2a							
b					887,183.		
3							
4							
5a							
b							
6							
7				887,183.	-12,299,577.		
8				-887,183.	0.		
9					-887,183.		
10							
11							
12							
13							
14				0.	-13,186,760.		

**Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

**Important:** Enter amounts in functional currency.

	1	2	3	4
1 Balance at beginning of year .....	▲			
2 Additions (amounts subject to future recapture) .....	▲			
3 Subtractions (amounts recaptured in current year) .....	▲			
4 Balance at end of year (combine lines 1 through 3) .....	▲			

Schedule J (Form 5471) (Rev. 12-2020)

**SCHEDULE P  
(Form 5471)**

(Rev. December 2020)

Department of the Treasury  
Internal Revenue Service

**Previously Taxed Earnings and Profits of U.S. Shareholder  
of Certain Foreign Corporations**

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

**CALVERTHEALTH MEDICAL CENTER, INC.**

Identifying number

**52-0619000**

Name of U.S. shareholder

Name of foreign corporation

**FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.**

EIN (if any)

**98-0464065**

Reference ID number (see instructions)

▶ **GEN**

**a** Separate Category (Enter code - see instructions.)

**b** If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)

**Part I Previously Taxed E&P in Functional Currency (see instructions)**

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1a</b> Balance at beginning of year (see instructions)			
<b>b</b> Beginning balance adjustments (attach statement)			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b)			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction			
<b>5</b> Other adjustments (attach statement)			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5)			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
<b>8</b> Actual distributions of previously taxed E&P			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
<b>11</b> Other adjustments (attach statement)			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11)			

LHA **For Paperwork Reduction Act Notice, see instructions.**

012365 12-07-20

**Part I** Previously Taxed E&P in Functional Currency (see instructions) (continued)

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7							135,473.	135,473.
8							-135,473.	-135,473.
9								
10								
11								
12							0.	0.

Schedule P (Form 5471) (Rev. 12-2020)

**Part II** **Previously Taxed E&P in U.S. Dollars**

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1a</b> Balance at beginning of year (see instructions) .....			
<b>b</b> Beginning balance adjustments (attach statement) .....			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....			
<b>5</b> Other adjustments (attach statement) .....			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....			
<b>8</b> Actual distributions of previously taxed E&P .....			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) .....			
<b>11</b> Other adjustments (attach statement) .....			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....			

**Schedule P (Form 5471) (Rev. 12-2020)**

**Part II** Previously Taxed E&P in U.S. Dollars (continued)

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7							135,473.	135,473.
8							-135,473.	-135,473.
9								
10								
11								
12							0.	0.

Schedule P (Form 5471) (Rev. 12-2020)

**SCHEDULE Q  
(Form 5471)**

(December 2020)  
Department of the Treasury  
Internal Revenue Service

**CFC Income by CFC Income Groups**

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471 <b>CALVERTHEALTH MEDICAL CENTER, INC.</b>	Identifying number <b>52-0619000</b>
Name of foreign corporation <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>	EIN (if any) <b>98-0464065</b>
Reference ID number (see instructions) <b>GEN</b>	

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

**A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) .....

**B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) .....

Complete a separate Schedule Q for U.S. source income and foreign source income.

**C** Indicate whether this Schedule Q is being completed for:  U.S. source income or

Complete a separate Schedule Q for FOGEI or FORI income.

**D** If this Schedule Q is being completed for FOGEI or FORI income, check this box  Foreign source income

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1</b> Subpart F Income Groups							
<b>a</b> Dividends, Interest, Rents, Royalties, & Annuities (Total) .....		8,416,203.	8,416,203.				
(1) Unit name ▶ <b>FREESTATE</b>							
(2) Unit name ▶ <b>HEALTHC</b>	CJ	8,416,203.	8,416,203.				
<b>b</b> Net Gain From Certain Property Transactions (Total) .....							
(1) Unit name ▶ .....							
(2) Unit name ▶ .....							
<b>c</b> Net Gain From Commodities Transactions (Total) .....							
(1) Unit name ▶ .....							
(2) Unit name ▶ .....							
<b>d</b> Net Foreign Currency Gain (Total) .....							
(1) Unit name ▶ .....							
(2) Unit name ▶ .....							
<b>e</b> Income Equivalent to Interest (Total) .....							
(1) Unit name ▶ .....							
(2) Unit name ▶ .....							
<b>f</b> Foreign Base Company Sales Income (Total) .....							
(1) Unit name ▶ .....							
(2) Unit name ▶ .....							

**Important:** See Computer-Generated Schedule Q in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
<b>1</b>									
<b>a</b>						58,482,098.			
(1)									
(2)				0.		58,482,098.			
<b>b</b>									
(1)									
(2)									
<b>c</b>									
(1)									
(2)									
<b>d</b>									
(1)									
(2)									
<b>e</b>									
(1)									
(2)									
<b>f</b>									
(1)									
(2)									

Important: See Computer-Generated Schedule Q in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach Schedule)
<b>1</b> Subpart F Income Groups							
<b>g</b> Foreign Base Company Services							
Income (Total) .....							
(1) Unit name ▲							
(2) Unit name ▲							
<b>h</b> Full Inclusion Foreign Base Company							
Income (Total) .....							
(1) Unit name ▲							
(2) Unit name ▲							
<b>i</b> Insurance Income (Total) .....							
(1) Unit name ▲							
(2) Unit name ▲							
<b>j</b> International Boycott Income .....							
<b>k</b> Bribes, Kickbacks, and Other Payments .....							
<b>l</b> Section 901(j) Income .....							
<b>2</b> Recaptured Subpart F Income .....							
<b>3</b> Tested Income Group (Total) .....							
(1) Unit name ▲							
(2) Unit name ▲							
<b>4</b> Residual Income Group (Total) .....							
(1) Unit name ▲							
(2) Unit name ▲							
<b>5</b> Total		8,416,203.	8,416,203.				

**Important:** See Computer-Generated Schedule Q in instructions.

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
l									
2									
3									
(1)									
(2)									
4									
(1)									
(2)									
5						58,482,098.			

Important: See Computer-Generated Schedule Q in instructions.

**SCHEDULE R  
(Form 5471)**

(December 2020)  
Department of the Treasury  
Internal Revenue Service

**Distributions From a Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471: **CALVERTHEALTH MEDICAL CENTER, INC.** Identifying number: **52-0619000**

Name of foreign corporation: **FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.** EIN (if any): **98-0464065** Reference ID number (see instructions):

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NON TAXABLE CASH DIVIDEND UNDER IRC 959	06/30/2021	135,473.	135,473.
2	NON TAXABLE CASH DIVIDEND UNDER IRC 301	06/30/2021	165,658.	
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>CALVERTHEALTH MEDICAL CENTER, INC.</b>	Identifying number (see instructions) <b>52-0619000</b>
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.</b>	<b>5a</b> Identifying number, if any <b>98-0464065</b>
--	---

<b>6</b> Address (including country) <b>PO BOX 10233 GRAND CAYMAN, KY1-1002 CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number
---	-------------------------------

**7** Country code of country of incorporation or organization  
**CJ**

**8** Foreign law characterization (see instructions)  
**CORPORATION**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			903,097.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)  
 SEE STATEMENT 8

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
 (a) Before 20.000 % (b) After 20.000 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
 If "Yes," complete lines 20b and 20c.
  - b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
  - c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS 1.6038B-1(C)  
AND TEMPORARY REGULATIONS 1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION 1.6038B-1T(C)(1): TRANSFEROR:

CALVERT MEMORIAL HOSPITAL  
EIN: 52-0619000  
100 HOSPITAL ROAD  
PRINCE FREDERICK, MD 20678

REGULATION 1.6038B-1T(C)(2): TRANSFEREE:

(I.): FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.  
EIN: 98-0464065  
P.O. BOX 10233  
GRAND CAYMAN KY1-1002, CAYMAN ISLANDS

INCORPORATED IN THE CAYMAN ISLANDS

(II.): INSURANCE PREMIUMS RECEIVED FROM RELATED PARTIES CONSIDERED TO BE DEEMED  
CONTRIBUTIONS TO CAPITAL OF THE ABOVE CORPORATION OCCURRED ON VARIOUS DATES  
THROUGHOUT THE YEAR. THE TOTAL AMOUNT OF THE DEEMED CONTRIBUTIONS WAS \$903,097.

FREESTATE HEALTHCARE INSURANCE COMPANY, LTD.

REGULATION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED:

NOTHING WAS RECEIVED IN CONSIDERATION IN EXCHANGE FOR DEEMED CASH CONTRIBUTIONS TO CAPITAL OF \$903,097. THE TAXPAYER OWNED 20% OF THE STOCK OF THE TRANSFEREE CORPORATION BOTH BEFORE AND AFTER THESE TRANSFERS.

REGULATION 1.6038B-1T(C)(4): PROPERTY TRANSFERRED:

CASH IN THE AMOUNT OF \$903,097. (US DOLLARS)

MARYLAND FORM 500

CORPORATION INCOME TAX RETURN



2020

\$

OR FISCAL YEAR BEGINNING 0701 2020, ENDING 063021

520619000

Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

021516

Date of Organization or Incorporation (MMDDYY)

900099

Business Activity Code No. (6 digits)

CALVERTHEALTH MEDICAL CENTER INC

Name

100 HOSPITAL ROAD

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

PRINCE FREDERICK

City or town

MD

State

20678

ZIP Code

+4

Do not write in this space.

06

ME

21

YE

Amended Return

CHECK HERE IF:

- Name or address has changed, Inactive corporation, First filing of the corporation, Final Return, This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX

Carryback, Carryforward

Attach copies of the federal form for the loss year and Form 1139.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

- 1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.) See Instructions. Check applicable box: 1120, 1120-REIT, 990T. 1a. 89364.00
1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) 1b. .00
1c. Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a) 1c. 89364.00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

- 2a. Section 10-306.1 related party transactions 2a. .00
2b. Decoupling Modification Addition adjustment (Enter code letter(s) from instructions.) 2b. .00
2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c. .00

SUBTRACTION ADJUSTMENTS

- 3a. Section 10-306.1 related party transactions 3a. .00
3b. Dividends for domestic corporation claiming foreign tax credits (Federal form 1120/1120C Schedule C line 18) 3b. .00
3c. Dividends from related foreign corporations (Federal form 1120/1120C Schedule C line 14, 16b and 16c) 3c. .00
3d. Decoupling Modification Subtraction adjustment (Enter code letter(s) from instructions.) 3d. .00
3e. Total Maryland Subtraction Adjustments to Federal Taxable Income (Add lines 3a through 3d.) 3e. .00



NAME CALVERTHEALTH M FEIN 520619000

4.	Maryland Adjusted Federal Taxable Income before NOL deduction is applied (Add lines 1c and 2c, and subtract line 3e.)	4.	<u>89364</u> .00
5.	Enter Adjusted Federal NOL Carry-forward available from previous tax years (including FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.)	5.	<u>2443190</u> .00
6.	<b>Maryland Adjusted Federal Taxable Income</b> (If line 4 is less than or equal to zero, enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and enter result. If result is less than zero, enter zero.)	6.	<u>0</u> .00

**MARYLAND ADDITION MODIFICATIONS**  
(All entries must be positive amounts.)

7a.	State and local income tax	7a.	<u>0</u> .00
7b.	Dividends and interest from another state, local or federal tax exempt obligation	7b.	<u>0</u> .00
7c.	Net operating loss modification recapture (Do not enter NOL carryover. See instructions.)	7c.	<u>0</u> .00
7d.	Domestic Production Activities Deduction	7d.	<u>0</u> .00
7e.	Deduction for Dividends paid by captive REIT	7e.	<u>0</u> .00
7f.	Other additions (Enter code letter(s) from instructions and attach schedules)	7f.	<u>0</u> .00
7g.	Total Addition Modifications (Add lines 7a through 7f plus the amount from line 3 of Form 500LU)	7g.	<u>0</u> .00

**MARYLAND SUBTRACTION MODIFICATIONS**  
(All entries must be positive amounts.)

8a.	Income from US Obligations	8a.	<u>0</u> .00
8b.	Other subtractions (Enter code letter(s) from instructions and attach schedule)	8b.	<u>0</u> .00
8b.1.	Enter the amount of Coronavirus Relief payment, including a loan that has been forgiven from line 7 of Form 500LU	8b.1.	<u>0</u> .00
8c.	Total Subtraction Modifications (Add lines 8a, 8b, and 8b.1)	8c.	<u>0</u> .00

**NET MARYLAND MODIFICATIONS**

9.	Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount.)	9.	<u>0</u> .00
10.	Maryland Modified Income (Add lines 6 and 9.)	10.	<u>0</u> .00

**APPORTIONMENT OF INCOME**

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

11.	Maryland apportionment factor (from page 4 of this form) (If factor is zero, enter .000001.)	11.	<u>0</u> .00
12.	Maryland apportionment income (Multiply line 10 by line 11.)	12.	<u>0</u> .00
13.	Maryland taxable income (from line 10 or line 12, whichever is applicable.)	13.	<u>0</u> .00
14.	Tax (Multiply line 13 by 8.25%)	14.	<u>0</u> .00
15a.	Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2019 overpayment	15a.	<u>0</u> .00
15b.	Tax paid with an extension request (Form 500E)	15b.	<u>0</u> .00
15c.	Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)		
15d.	Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)		
15e.	The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR. Check here <input type="checkbox"/> if you are a non-profit corporation.		
15f.	Nonresident tax paid on behalf of the corporation by pass-through entities (Attach Maryland Schedule K-1.)	15f.	<u>0</u> .00
15g.	If amending, total payments made with original plus additional tax paid after original was filed	15g.	<u>0</u> .00
15h.	Total payments and credits (add lines 15a through 15g)	15h.	<u>0</u> .00
16.	Balance of tax due (If line 14 exceeds line 15h, enter the difference.)	16.	<u>0</u> .00

You must file this form electronically to  
claim business tax credits from Form 500CR.



NAME CALVERTHEALTH M FEIN 520619000

- 17. Overpayment (If line 15h exceeds line 14, enter the difference.) ..... ▶ 17. \_\_\_\_\_ . 00
- 17a. If amending prior overpayment (Total all refunds previously issued.) ..... 17a. \_\_\_\_\_ . 00
- 18. Interest and/or penalty from Form 500UP \_\_\_\_\_ or late payment interest  
\_\_\_\_\_ for original return ..... ▶ 18. \_\_\_\_\_ . 00
- 19. Total balance due (Add lines 14, 17a and 18. Subtract line 15h.) ..... 19. \_\_\_\_\_ . 00
- 20. Amount of overpayment from original return to be applied to estimated tax for 2021  
(not to exceed the net of lines 17 minus 17a and 18.) ..... ▶ 20. \_\_\_\_\_ . 00
- 21. Amount of overpayment TO BE REFUNDED  
(Add lines 18 and 20, and subtract the total from line 17.)  
(If amending subtract lines 17a and 18 from line 17.) ..... ▶ 21. \_\_\_\_\_ . 00

**DIRECT DEPOSIT OF REFUND** (See Instructions.) **Be sure the account information is correct.**

To comply with banking and **NACHA (National Automated Clearing House Association)** rules, if this refund will go to an account

outside of the United States, place "Y" in this box  or if you authorize the State of Maryland to direct deposit your refund, check

this box  and complete the following information clearly and legibly.

22a. Type of account:  Checking  Savings

22b. Routing Number (9-digits):  \_\_\_\_\_

22c. Account number:  \_\_\_\_\_

22d. Name as it appears on the bank account: \_\_\_\_\_

**INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)**

- 23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss **ONLY**).  
(If line 6 is less than zero, enter on line 23.) ..... 23. \_\_\_\_\_ 0 . 00
- 24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per  
Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the  
amount from line 9 on line 24.) ..... 24. \_\_\_\_\_ 0 . 00

**FOR USE IF AMENDING THE RETURN**

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space provided below the checkboxes. If more space is needed, you may attach additional pages.

- 1. Amended to claim a Net Operating Loss Deduction
- ▶  2. Amended to report a federal adjustment or an RAR (Revenue Agent Report)
- 3. Amended to claim Business Tax Credit.
- 4. Amended to claim nonresident PTE Tax Credit
- 5. Amended to report income omitted on previous filing
- 6. Amended to change apportionment factor
- 7. Amended for another reason stated below: \_\_\_\_\_



NAME CALVERTHEALTH M FEIN 520619000

**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate corporations. See instructions.)

<b>NOTE:</b> Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies. Worldwide headquartered companies see instructions.	<b>Column 1 TOTALS WITHIN MARYLAND</b>	<b>Column 2 TOTALS WITHIN AND WITHOUT MARYLAND</b>	<b>Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)</b>
<b>1A. Receipts</b>			
a. Gross receipts or sales less returns and allowances	.00	.00	
b. Dividends	.00	.00	
c. Interest	.00	.00	
d. Gross rents	.00	.00	
e. Gross royalties	.00	.00	
f. Capital gain net income	.00	.00	
g. Other income (Attach schedule.)	.00	.00	
h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2.)	.00	.00	.000000
<b>1B. Receipts</b> Multiply factor on line 1A, Column 3 by 4. Disregard this line if special apportionment formula is used			.000000
<b>2. Property</b>			
a. Inventory	.00	.00	
b. Machinery and equipment	.00	.00	
c. Buildings	.00	.00	
d. Land	.00	.00	
e. Other tangible assets (Attach schedule.)	.00	.00	
f. Rent expense capitalized (multiply by eight)	.00	.00	
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.)	.00	.00	.000000
<b>3. Payroll</b>			
a. Compensation of officers	.00	.00	
b. Other salaries and wages	.00	.00	
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.)	.00	.00	.000000
<b>4. Total of factors</b> (Add entries in Column 3.)			.000000
<b>5. Maryland apportionment factor</b> Divide line 4 by seven for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 11 page 2.)			.000000

Check here if special apportionment formula is used.



NAME CALVERTHEALTH M FEIN 520619000

**SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)**

- 1. Telephone number of corporation tax department: 4105354000
- 2. Address of principal place of business in Maryland (if other than indicated on page 1): \_\_\_\_\_
- 3. Brief description of operations in Maryland: \_\_\_\_\_
- 4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? .....  Yes  No  
If "yes", indicate tax year(s) here: \_\_\_\_\_ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
- 5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? .....  Yes  No
- 6. Is this entity part of the federal consolidated filing? .....  Yes  No  
**If a multistate operation, provide the following:**
- 7. Is this entity a multistate corporation that is a member of a unitary group? .....  Yes  No
- 8. Is this entity a multistate manufacturer with more than 25 employees? .....  Yes  No

**SIGNATURE AND VERIFICATION**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Check here  if you authorize your preparer to discuss this return with us.

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

CAROLYN HEITHAUS, VP FINANCE & CFO  
Officer's Name and Title

AMY BIBBY

\_\_\_\_\_  
Preparer's Signature

DIXON HUGHES GOODMAN LLP  
1410 SPRING HILL ROAD SUITE 500

Preparer's name/or Firm's name, address and telephone number  
TYSONS VA 221023056  
7039700400

▶ P00445891  
Preparer's PTIN (Required by law)

▶ \_\_\_\_\_  
CODE NUMBERS (3 digits per line)

**INCLUDE ALL REQUIRED PAGES OF FORM 500**

**Make checks payable to and mail to:**

Comptroller Of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, Maryland 21411-0001  
(Write Your FEIN On Check Using Blue Or Black Ink.)